

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 589136

1. Corporation Name

CENTRAL BUSINESS MACHINES, INC.

Principal Place of Business

516 DOUGLAS AVE. SUITE 1110
ALTAMONTE SPRGS FL 32714

Mailing Address

516 DOUGLAS AVE. SUITE 1110
ALTAMONTE SPRGS FL 32714

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90032 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1978

4. FEI Number

59-1857822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite #1108

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite #1108

22. City & State

23

Zip Country

24

25

27. City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

RICHARD COPELAND
631 PALM SPRINGS DRIVE
SUITE 106
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BRADDOCK, EUGENE D JR
1890 LAKE EMMA RD.
LONGWOOD FL 32750

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EVP
SERAPIN, JOAQUINA
207 GRACE BLVD
ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
MACMENAMIN, MICHAEL T
4033 LUAN DRIVE
ORLANDO FL 32809

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eugene D Braddock **EUGENE BRADDOCK** 4/2/99 (407) 862-7777

CR2E034 (11/98)