

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 648229 (3)

1. Corporation Name
CENTRAL DIVISION, INC.

Principal Place of Business
**1324 COCO PLUM RD
P.O. BOX 3387
MARATHON SHORES FL 33052-0387**

Mailing Address
**1324 COCO PLUM RD
P.O. BOX 3387
MARATHON SHORES FL 33052-0387**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/13/1979

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip

4. FEI Number
59-1954436

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DE MARAS, VICTOR
1324 COCO PLUM
MARATHON FL FL 33050**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**

NAME **DE MARAS, VICTOR**

STREET ADDRESS **1324 COCO PLUM**

CITY - ST - ZIP **MARATHON FL**

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **DV**

NAME **FAULK, BERNARD**

STREET ADDRESS **8120 ENGLAND ST**

CITY - ST - ZIP **CHARLOTTE NC**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **V**

NAME **JONES, SONDR**

STREET ADDRESS **8120 ENGLAND ST**

CITY - ST - ZIP **CHARLOTTE NC**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **SD**

NAME **DEMARAS, SUE**

STREET ADDRESS **1324 COCO PLUM DR**

CITY - ST - ZIP **MARATHON FL**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **VD**

NAME **DEMARAS, PETER**

STREET ADDRESS **1280 52ND ST., GULF**

CITY - ST - ZIP **MARATHON FL**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or change it, or on an attachment with an address.

SIGNATURE:

Victor Demaras **VICTOR DEMARAS** 4/13/95 305-743-VW10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #