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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified: 12/13/1979

3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-1954436

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

2. Principal Place of Business (21-24)

2a. Mailing Address (26-30)

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 (B1-B5)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DE MARAS, VICTOR	
STREET ADDRESS	1324 COCO PLUM	
CITY - ST - ZIP	MARATHON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FAULK, BERNARD	
STREET ADDRESS	8120 ENGLAND ST	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SONDR	
STREET ADDRESS	8120 ENGLAND ST	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEMARAS, SUE	
STREET ADDRESS	1324 COCO PLUM DR	
CITY - ST - ZIP	MARATHON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEMARAS, PETER	
STREET ADDRESS	1260 52ND ST., GULF	
CITY - ST - ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: _____ DATE: 2/21/97 DAYTIME PHONE #: 305-743-2210

CR2E034 (9/96)