

FILE NOW: FILING FEE IS \$61.25

FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758593** (8)

1. Corporation Name  
**CENTRAL BUILDING ASSOCIATION, INC.**



Principal Place of Business <b>1720 CENTRAL AVENUE ST PETERSBURG FL 33712</b>	Mailing Address <b>CENTRAL BUILDING ASSOC 1720 CENTRAL AVENUE ST. PETERSBURG FL 33712-1342</b>
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3. Date Incorporated or Qualified <b>06/03/1981</b>
4. FEI Number <b>59-0807511</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>MALEK, GERALD 6094 138 AVENUE NORTH CLEARWATER FL 34620</b>	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gerald Malek* **GERALD MALEK** DATE **4/30/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>NOVAK, FRANK</b>
STREET ADDRESS	<b>1780 78 AVE. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>CZYZEWSKI, EDWARD S</b>
STREET ADDRESS	<b>5180 HORSESHOE PL NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BUONETO, GEORGE</b>
STREET ADDRESS	<b>4500 OVERLOOK DR.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>HAIGHT, RICHARD W</b>
STREET ADDRESS	<b>5320 DENVER ST., N.E.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>MALEK, GERALD</b>
STREET ADDRESS	<b>6094 138 AVENUE NORTH</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DIRECTOR</b> <input checked="" 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	<b>VICE PRESIDENT</b> <input checked="" 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	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WILLIAM J. SCANLAN</b>
6.3 STREET ADDRESS	<b>4401 14 ST. N.E.</b>
6.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald B. Malek* **GERALD MALEK** DATE **4/30/98** **813-521-2553**

CR2E037 (1097)