

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759035** (9)

1. Corporation Name

**CENTRAL FLORIDA FLYRODDERS, INC.**



Principal Place of Business	Mailing Address
315 E. NEW ENGLAND AVE. P.O. BOX 940 WINTER PARK FL 32789	315 E. NEW ENGLAND AVE. P.O. BOX 940 WINTER PARK FL 32789

3. Date Incorporated or Qualified	07/06/1981
4. FEI Number	59-1950284
Applied For	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	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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	
FRANCESCHINA, GORDON 315 EAST NEW ENGLAND AVENUE WINTER PARK FL	

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 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

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

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD <del>David</del> Barson, David
NAME	WARREN, EARL	1.2 NAME	3371 Sandy Shore Lane
STREET ADDRESS	4602 HAYLOCK DR	1.3 STREET ADDRESS	Kissimmee, FL 34743
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD <del>Donoghue, Donald</del>
NAME	DONOGHUE, DONALD	2.2 NAME	2125 Hoffner Ave.
STREET ADDRESS	2125 HOFFNER AVE	2.3 STREET ADDRESS	Orlando, FL 32809
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD Crenshaw, Forrest
NAME	LACHTARA, ROBERT	3.2 NAME	1240 Commerwood Drive
STREET ADDRESS	1810 GLENDALE RD	3.3 STREET ADDRESS	Deltona, FL 32728
CITY-ST-ZIP	ORLANDO FL 32808	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	RHODES, JOSEPH	4.2 NAME	
STREET ADDRESS	5015 LOUVRE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SD Sharpe, Mike
NAME	OSBORN, JARED	5.2 NAME	1257 Crossfield Drive
STREET ADDRESS	1012 PAGEL CT	5.3 STREET ADDRESS	Apopka, FL 32703
CITY-ST-ZIP	OVEDO FL 32765	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D Warren, Earl
NAME	BARSON, DAVID	6.2 NAME	4602 Haylock Dr
STREET ADDRESS	3371 SANDY SHORE LANE	6.3 STREET ADDRESS	Orlando, FL 32807
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

1.1 TITLE	PD <del>David</del> Barson, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3371 Sandy Shore Lane	
1.3 STREET ADDRESS	Kissimmee, FL 34743	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD <del>Donoghue, Donald</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2125 Hoffner Ave.	
2.3 STREET ADDRESS	Orlando, FL 32809	
2.4 CITY-ST-ZIP		
3.1 TITLE	VD Crenshaw, Forrest	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1240 Commerwood Drive	
3.3 STREET ADDRESS	Deltona, FL 32728	
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	SD Sharpe, Mike	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1257 Crossfield Drive	
5.3 STREET ADDRESS	Apopka, FL 32703	
5.4 CITY-ST-ZIP		
6.1 TITLE	D Warren, Earl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	4602 Haylock Dr	
6.3 STREET ADDRESS	Orlando, FL 32807	
6.4 CITY-ST-ZIP		

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: Joseph Rhodes *Joseph Rhodes* 4-14-98 (407) 855-0669

CR2E037 (1097)