PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 034 ***150.00

DOCUMENT # 825182

CENTRAL	SOYA COMPANY, INC.				
Principal Place	of Business Mailing Address	<u> </u>	- 1 100101 (BUID 11001 BUID) 11003 10110 1101 BUDI BUDI BUDI		
1500 ST WAYNE NATL BANK BLDG POB 1400 PORT WAYNE IN 46801-1400 US 1500 FT WAYNE NATL BANK P.O. BOX 1400 FORT WAYNE IN 46801-1400 US US		BLDG	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
00	••		10/12/1970	,	
Principal Place of Business 2a. Mailing Address		Ci	4. FEI Number	Applied For	
21 110 W. BERRY St. 26 1/0 W. BERRY		'St	35-0221100	Not Applicable	
Suite, Apt. 1	#, etc. Suite, Apt. #, etc. Suite Suite	O. BOX 140	5. Certificate of Status Desired	3.75 Additional Fee Required	
23 Ft. WAYNE IN 28 FT. WAYNE,		IN		5.00 May Be	
3/2 QAI	Country Zip	Country	8. This corporation owes the current year Intangib	, 34	
24 76 ()01-1	400 25 15 29 400 30	<u> </u>	Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
CT C	ORPORATION SYSTEM				
1200	S. PINE ISLAND ROAD	82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		83			
T.		84 City	FL 85	Zip Code	
	A CONTROL OF A CON	the above named as		ging its registered	
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					
		gistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
12.	OFFICERS AND DIRECTORS Delete	1.1 TITLE		Change Addition	
TITLE	BRASCA, LUIGI	12 NAME	_		
NAME	1500 FT WAYNE NATL BANK BLDG	1,3 STREET ADDRESS	V. Altook of Or 1		
STREET ADDRESS	FT. WAYNE IN	1.4 CITY-ST-ZIP	See attached List		
CITY-ST-ZIP TITLE	V DELETE	2.1 TITLE		Change	
NAME	HARVARD, ANDREW C.	2.2 NAME	·		
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	2.3 STREET ADDRESS]	
CITY-ST-ZIP	FT. WAYNE IN	2. 4 CITY-ST-ZIP			
TITLE-	TAS - DELETE -	3.1 TITLE		Change Addition	
NAME	BACKSTROM, A. GERALD	3.2 NAME			
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	3,3 STREET ADDRESS		{	
CITY-ST-ZIP	FT. WAYNE IN	3.4. CITY-ST-ZIP			
TILE	S DELETE	4.1 TITLE		Change	
NAME	QUINLAN, TERRENCE E.	4, 2 NAME			
STREET ADDRESS	1500 FT WAYNBE NATL BANK BLDG	4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WAYNE IN	4.4 CITY+ST-ZIP		Change Addition	
TITLE	V DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	CAMPBELL, WILLIAM B.	5.2 NAME		· [
STREET ADDRESS	1500 FT WAYNBE NATL BNAK BLDG	5.3 STREET ADDRESS	•	Ì	
CITY-ST-ZIP	FT. WAYNE IN	5.4 CITY-ST-ZIP 6.1 TITLE		Change	
TITLE	_	6.2 NAME			
NAME	MFLONI, STEFANO	3.2 (V V III L		*	

FT. WAYNE IN CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1500 FT WAYNE NATL BNK BLDG