

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **851817** (7)  
1. Corporation Name  
**CENTRAL STATES ENTERPRISES, INC.**



Principal Place of Business <b>300 INTERNATIONAL PARKWAY SUITE 150 HEATHROW FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY SUITE 150 HEATHROW FL 32746</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/10/1982</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>35-1061305</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NAWROT, ROBERT 300 INTERNATIONAL PARKWAY 150 HEATHROW FL 32746</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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHURA, RICHARD C.</b>	12 NAME	
STREET ADDRESS	<b>1810 TURNBERRY LANE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT WAYNE IN</b>	14 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEGAN, ROBERT</b>	22 NAME	<b>PEGAN, ROBERT</b>
STREET ADDRESS	<b>119 RED SKY COURT</b>	23 STREET ADDRESS	<b>178 HIMBLEDON CIRCLE</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	24 CITY-ST-ZIP	<b>HEATHROW, FL 32746</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODFREY, ROBERT C.</b>	32 NAME	
STREET ADDRESS	<b>223 PROMENADE CIRCLE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL</b>	34 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAWROT, ROBERT</b>	42 NAME	
STREET ADDRESS	<b>2732 DONALDSON DRIVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	44 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHURA, RICHARD C</b>	52 NAME	
STREET ADDRESS	<b>300 INTERNATIONAL PKWY. SUITE 150</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE *Robert Nawrot* **ROBERT NAWROT** 4/21/98 407-332-8502

CP2E034 (10/97)