

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F64665** (5)
1. Corporation Name
CENTRAL BROKERAGE CO.



Principal Place of Business 4616 GABRIELLA LANE OVIEDO FL 32785	Mailing Address 4616 GABRIELLA LANE OVIEDO FL 32785
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 Crescent Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 125 Crescent Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/21/1982	
22 City & State 23 Sanford FL Zip 32771 Country Seminole		27 City & State 28 Sanford FL Zip 32771 Country Seminole		4. FEI Number 59-2156141 Applied For <input type="checkbox"/> Not Applicable	
24 32771 25 Seminole		29 32771 30 Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Sanford FL		28 Sanford FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32771 25 Seminole		29 32771 30 Seminole		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

**LOMNESS, PHILLIP J.
4616 GABRIELLA LANE
OVIEDO FL 32785**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMNESS, JANICE	1.2 NAME	
STREET ADDRESS	4616 GABRIELLA LANE	1.3 STREET ADDRESS	125 Crescent Blvd
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	Sanford FL 32771
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMNESS, PHILLIP J.	2.2 NAME	
STREET ADDRESS	4616 GABRIELLA LANE	2.3 STREET ADDRESS	125 Crescent Blvd.
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	Sanford FL 32771
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Phillip J. Lomness** **4/13/98** **327-7771**

CR2E034 (10/97)