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Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G56166

(3)

1. Corporation Name
ORLANDO CENTRAL, INC.



Principal Place of Business Mailing Address
% PRENTICE HALL CORPORATION SYSTEM, INC. % PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET 110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1201 HAYS STREET 26 1201 HAYS STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 105 27 SUITE 105
City & State City & State
23 TALLAHASSEE, FLORIDA 28 TALLAHASSEE, FLORIDA
Zip Country Zip Country
24 32301 25 U.S.A. 29 32301 30 U.S.A.

3. Date Incorporated or Qualified
08/17/1983
4. FEI Number Applied For
98-0062772 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301
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 ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME VON BERNEWITZ, WOLF-GEOR 1.2 NAME
STREET ADDRESS 9490 VADUZ 1.3 STREET ADDRESS
CITY-ST-ZIP LIECHTENSTEIN 1.4 CITY-ST-ZIP
TITLE STD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME TIKAL, MANFRED A. 2.2 NAME
STREET ADDRESS 21 MAYFAIR AVENUE, PH 3 2.3 STREET ADDRESS
CITY-ST-ZIP TORONTO ON 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ 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.

Manfred A. Tikal

Feb. 5/98 (416) 968-7070

CR2E034 (10/97)