

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H18061 (2)
1. Corporation Name
CENTRAL FLORIDA BUSINESS WORLD, INCORPORATED

Principal Place of Business 423 THIRTEENTH ST. ST CLOUD FL 34770-7128		Mailing Address 423 THIRTEENTH ST. ST CLOUD FL 34770-7128		3. Date Incorporated or Qualified 09/01/1984		3a. Date of Last Report 04/04/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2440966		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip Country		29. Zip Country		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				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.			
COUGHTRY, MARIAN 719 OREGON AVE. ST CLOUD FL 34769				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
SIGNATURE: <i>Marian Coughtry</i> MARIAN COUGHTRY				DATE: 4/2/96			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: PD <input type="checkbox"/> DELETE NAME: COUGHTRY, MARIAN STREET ADDRESS: 719 OREGON AVE. CITY- ST- ZIP: ST CLOUD FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY- ST- ZIP:				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY- ST- ZIP:				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY- ST- ZIP:				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP:			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY- ST- ZIP:				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP:			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <i>Marian Coughtry</i> MARIAN COUGHTRY				DATE: 4/2/96 407 892 1319			