

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

FILED
May 12 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 # **J32083** (4)
1. Corporation Name
CENTRAL FLORIDA CRUSHERS, INC.



Principal Place of Business 9800 RECYCLE CENTER RD STE A ORLANDO FL 32833 US	Mailing Address 9800 RECYCLE CENTER RD STE A ORLANDO FL 32833 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/03/1986	
4. FEI Number 59-2732846		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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

10. Name and Address of New Registered Agent

**GLOVER, LLOYD F.
827 HAMILTON DR
ORLANDO FL 32833**

81 Name	Robert DiGeronimo
82 Street Address (P.O. Box Number is Not Acceptable)	9800 Recycle Center Rd.
83	Ste A
84 City	Orlando
85 State	FL
86 Zip Code	32833

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]* DATE **5-1-98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, LLOYD F.	1.2 NAME	Victor DiGeronimo, Jr.
STREET ADDRESS	827 HAMILTON DR	1.3 STREET ADDRESS	5720 Schaaf Rd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Independence, OH 44131
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, KATHY	2.2 NAME	Robert DiGeronimo
STREET ADDRESS	827 HAMILTON DR	2.3 STREET ADDRESS	5720 Schaaf Rd.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Independence, OH 44131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Richard O. Geronimo
STREET ADDRESS		3.3 STREET ADDRESS	5720 Schaaf Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Independence, OH 44131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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.

CR2E034 (10/97)