

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K24398 (5)**

1. Corporation Name  
**CENTRAL HIGHWAY OAKS, INC.**



Principal Place of Business <del>C/O SAUNDRA SERVICES, INC.</del> <del>833 NE 16TH STREET #810</del> <del>NORTH MIAMI BEACH FL 33162</del>	Mailing Address <del>C/O SAUNDRA SERVICES, INC.</del> <del>833 NE 16TH STREET #810</del> <del>NORTH MIAMI BEACH FL 33162</del>
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2. Principal Place of Business	2a. Mailing Address
21 <b>2611 North Hirtus Rd</b>	26 <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite # 140</b>	27
City & State	City & State
23 <b>COOPER CITY</b>	28
Zip	Country
24 <b>33026</b>	25 <b>BRAND</b>
29	30

3. Date Incorporated or Qualified <b>05/23/1988</b>	3a. Date of Last Report <b>07/01/1996</b>
4. FEI Number <b>65-0054903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORALES, ANTHONY**  
~~5600 SW 101 CT~~  
~~MIAMI FL 33143~~  
**1800 NW 118 AVE.**  
**Pembroke Pines**  
**FLA 33026**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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]* **ANTHONY MORALES, PRESIDENT** **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ANTHONY	1.2 NAME	
STREET ADDRESS	<del>5600 SW 101 CT</del> <b>1800 NW 118 AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del> <b>Pembroke Pines FL 33026</b>	1.4 CITY - ST - ZIP	
TITLE	<del>VP</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BONDUEL, SAUNDRA M.</del>	2.2 NAME	
STREET ADDRESS	<del>833 NE 10TH STREET 810</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>NORTH MIAMI BCH FL</del>	2.4 CITY - ST - ZIP	
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 do 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: *[Signature]* **4/28/97** **954 430 1150**

CR2E034 (9/96)