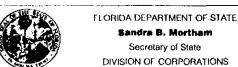
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



(5)

K58717

FILED Feb 24 1998 8:00am Secretary of State

CENTR	AL FLORIDA DESIGN, INC.				
Principal Place	e of Business	Mailing Address			II BIBII DIBII BIBII DIKII IDBI
1567 N KELLEY AVE 1567 N KELLY AVE KISSIMMEE FL 34744 US US		KISSIMMEE FL 34741		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
				01/12/1989	İ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2934741	Not Applicable
Suite, Apt	#, etc.	Suito, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	o	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p)	Country	8. This corporation owes or has paid the co	
24 34744	-3469 25 Osceola	20 34744-3469 30	Osceola		☐ Yes ☐ No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
ALEWINE, RESECCA 81 Name					
1475 RIVIERA DR.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34744			_		
			83		
			84 City	Fi	85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose	changing its registered
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 ager	ot and title it applicable (NOTE P	Registered Agent signature require	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	ALEWINE, REBECCA		1.2 NAME		
STREET ADDRESS	1475 RIVIERA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	1.4 City-ST-ZiP		Change Addition
TITLE			2.1 TITLE 2.2 NAME		C cusings C Vagurou.
NAME Street address			2.3 STREET ADDRESS]
CITY-ST-ZIP			2.4 CITY-ST-ZIP	6.	
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		ł	4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY-ST-7iP		Change Addition
TITLE		☐ Office	5.1 TITLE		C CHANGE C MORROLI
NAME CTOCCT ADDRESS			5.2 NAME 5.3 STREET ADDRESS		1
STREET ADDRESS	,		5.4 CITY-ST-ZIP		
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 Wi	th this filing does not qualify for t	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information