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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K58838

1. Corporation Name
CENTER UNLIMITED, INC.

Principal Place of Business

Mailing Address

3308 KATHLEEN DR.
ORLANDO FL 32810

3. Date I

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90107 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/17/1989

4. FEI Number
59-2932519

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

	5. Certificate of Status Desired	ب	Fee Required
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
_	- This serversties awas the surry	ant voor l	ntangible

Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. No No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CENTER, RICHARD L. 3308 KATHLEEN DR. ORLANDO FL 32810

10. Name and Address of New Registered Agent						
Name						
Street Address (P.O. Box Number is Not Acceptable)						
City	FL	85	Zip Code			
	Name Street Address (P.O. Box Number is Not Acceptable)	Name Street Address (P.O. Box Number is Not Acceptable)	Name Street Address (P.O. Box Number is Not Acceptable)			

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			when reinstation) DATE	
		E: Registered Agent signature required	, , , , , , , , , , , , , , , , , , , ,	TODO IVI 40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	PD DELETE	1.1 TITLE	☐ Chan	ge
NAME	CENTER, RICHARD L	1.2 NAME	•	•
STREET ADDRESS	3308 KATHLEEN DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE	Chan	ge 🗌 Addition
NAME	,	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Char	ge 🔲 Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Char	ge Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TMLE	☐ Char	ge
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETÉ	6.1 TITLE	☐ Char	ige 🗌 Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADORESS		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



2.22-0A

407 - 293 - 1837 Daytime Phone #

CR2E034 (11/98)