

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83523** (6)
1. Corporation Name
EGAL OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
690 ENTERPRISE RD. P.O. BOX 4014
OSTEEN FL 32764 ENTERPRISE FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1989** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2947098** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent
BURNS, ROBERT W.
1900 E. ROBINSON AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ DATE _____
Signatures of agent or person in charge of registered agent and the corporation. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BURNS, ROBERT W.
STREET ADDRESS	690 ENTERPRISE RD.
CITY, ST, ZIP	OSTEEN FL
TITLE	VST
NAME	BURNS, LAURA K.
STREET ADDRESS	690 ENTERPRISE RD.
CITY, ST, ZIP	OSTEEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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14. I hereby certify that the information furnished with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information with this filing is an annual report or supplemental annual report as 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 for the purpose of the receipt or transfer of shares of stock or other securities, and that my name appears on Block 12 or Block 13 of this report as an individual with an address.

SIGNATURE: **R.W. BURNS** 3/15/95 407-330-1010
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR (Type) (Typed Name)