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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L51026

CENTRAL DEVELOPMENT, INC.					
Principal Place of Business	Mailing Address				
333 N LAKE PARKER AVENUE LAKELAND FL 33801 US	P O BOX 1550 Granby CO 80446 US				
2. Develop Diago of Dunings	2a Mailing Address				

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

03-04-1999 90153 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

US		US			DO NOT WATE IN THE OFF			
00					3. Date Incorporated or Qualifed 02/14/1990	•		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
- 42C	Sea Watch Ln	26			59-2992139	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			\$	8.75 Additional		
	Beach	27			5. Certificate of Status Desired	Fee Required		
City & Stat	e 	City & State			· · · · · · · · · · · · · · · · · · ·	55.00 May Be Added to Fees		
Zip	63 25 US	Zip 3	Country		This corporation owes the current year Intangit Personal Property Tax.			
24 0 - 1	9. Name and Address of Current	<del></del>	<del>'</del>		10. Name and Address of New Registered Ager	nt		
		<u>_</u>	81	Name				
R OF	RTEGA-COWEN COWAN		L			<u></u> .		
925 SEA WATCH LANE				82 Street Address (P.O. Box Number is Not Acceptable)				
	O BEACH FL 32963		83					
			84	City	FL 85	Zip Code		
		) 1 CO7 4500 Ft	the above	nomed s	corporation submits this statement for the purpose of char	ging its registered		
nffice or r	registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was autl	horized by	the corpor	ration's board of directors. I hereby accept the appointme	nt as registered		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	it signature rec	quired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	MST	☐ DELETE	1.1 TITLE		<u> </u>	Change		
NAME	WHITE, ELIZABETH K		1.2 NAME	1				
STREET ADDRESS	176 CHIPMUNK DR		13 STREET	ADDRESS	3251 CR60 GRANBY CO80446			
	SILVER CREEK CO		1.4 CITY-S	I	GO DO BY CO 80446			
CITY-ST-ZIP		☐ DELETE	2.1 TITLE			Change		
TITLE	PD	□ betti,t						
NAME	HUANG, WILLIAM		2.2 NAME					
STREET ADDRESS	5623 PECK ROAD			FADDRESS				
CITY-ST-ZIP	ARCADIA CA		2.4 CITY-5	T-ZIP		O		
TITLE		☐ DELETE	3.1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
			44 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	. 20		Change Addition		
			5.2 NAME		_	<del>-</del>		
NAME				ADDRESS				
STREET ADDRESS			54 CITY-S	- 1				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-S 6.1 TITLE	1-411		Change Addition		
TITLE		☐ DELETÉ	1		Ŀ	Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
	<u> </u>				in Section 119.07(3)(i) Florida Statutes. I further certify ti			

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 15.07(5)(f), Fibrida Statutes, I name certify that it among indicated on this annual report is rule 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.