

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N04783 (9)**  
1. Corporation Name  
**CENTRAL FLORIDA INNOVATION CORPORATION**



Principal Place of Business Mailing Address  
**201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801**

3. Date Incorporated or Qualified **08/20/1984** 3a. Date of Last Report **01/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2469191</b>	Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARSHALL, BYRD F JR**  
**201 EAST PINE STREET**  
**SUITE 1200**  
**ORLANDO FL 32801**

81 Name **Mike Buffa**  
82 Street Address (P.O. Box Number is Not Acceptable) **12424 Research Parkway**  
83 **Suite 350**  
84 City **Orlando** FL 85 Zip Code **32826**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mike Buffa* **Mike Buffa, President** **02/20/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, BYRD F JR.</b>	1.2 NAME	
STREET ADDRESS	<b>201 E. PINE ST., STE. 1200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARDNER, JOHN</b>	2.2 NAME	<b>Mike Buffa</b>
STREET ADDRESS	<b>201 E. PINE STREET, SUITE 1200</b>	2.3 STREET ADDRESS	<b>201 E. Pine Street, Suite 1200</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARION, FRED L PHD</b>	3.2 NAME	<b>Harry Kaplan</b>
STREET ADDRESS	<b>201 E. PINE STREET, SUITE 1200</b>	3.3 STREET ADDRESS	<b>400 S. Orange Avenue</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOGA, LEE</b>	4.2 NAME	<b>John Lewis</b>
STREET ADDRESS	<b>201 E. PINE STREET, SUITE 1200</b>	4.3 STREET ADDRESS	<b>201 S. Rosalind Ave.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>TESCH, RICK</b>	5.2 NAME	
STREET ADDRESS	<b>201 E. PINE STREET, SUITE 1200</b>	5.3 STREET ADDRESS	<b>900001730299</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	5.4 CITY-ST-ZIP	<b>-03/04/96--01031--001</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<b>***70.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, DIANNE M</b>	6.2 NAME	
STREET ADDRESS	<b>201 E. PINE STREET, SUITE 1200</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mike Buffa* **Mike Buffa** **President** **02/20/96 407-277-5411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)