

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07874** (3)
1. Corporation Name
CENTRAL FLORIDA 10-13 CLUB, INC.



Principal Place of Business MR. ARTHUR ADDEO 13020 QUAIL COURT ORLANDO FL 32828 US	Mailing Address MR. ARTHUR ADDEO 13020 QUAIL COURT ORLANDO FL 32828 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/28/1985	
4. FEI Number 59-2502645	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAM J. MCCUSKER 1250 LAKE ROGERS CIRCLE OVIEDO FL 32785

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P TRES. <input type="checkbox"/> DELETE
NAME	ADDEO, ARTHUR
STREET ADDRESS	13020 QUAIL CT
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BROWN, BRUCE
STREET ADDRESS	5761 GOLDENWOOD DR
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ANDY
STREET ADDRESS	3313 BERRIDGE LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	V DIRECTOR <input type="checkbox"/> DELETE
NAME	GOLAS, STAN
STREET ADDRESS	321 DORCHESTER CT
CITY - ST - ZIP	LONGWOOD FL
TITLE	D PRES <input type="checkbox"/> DELETE
NAME	DICEMBRE, JOHN
STREET ADDRESS	1785 E CHERYL DR
CITY - ST - ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCUSKER, WILLIAM
STREET ADDRESS	1250 LAKE ROGERS CIR
CITY - ST - ZIP	OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. Louis GALARZA
2.3 STREET ADDRESS	3012 Logger CT
2.4 CITY - ST - ZIP	ORLANDO FL 32817
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S. FRANK IRIZARRY
3.3 STREET ADDRESS	1004 MOSSHART LN.
3.4 CITY - ST - ZIP	ORLANDO FL 32825
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  2/12/98 (407) 384-0005

CR2E037 (10/97)