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

NONPROFIT CORPORATION ANNUAL REPORT 1998

ORLANDO FL 32810



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N27433

(4)

CENTRAL FLORIDA SMACNA, INC.

	FILED	
Jul 02	1998 8:00a	am
Secr	etary of Sta	te

				B.
Principal Place of Business	Mailing Address		- 1 10011401 010 11811 10011 31086 11100 1111 01811 01811 01811 01811 01811 01811 11801	
8701 EDGEWATER COMM. PKWY. ORLANDO FL 32810 US	6701 EDGEWATER COMM. PKWY ORLANDO FL 32810 US		3. Date Incorporated or Qualified  07/14/1988  4. FEI Number	Applied For
			59-2949075	Applied For Not Applicable
2. Principal Place of Business 21 6767-NWICKHAMRO	26 1767 - N W 16-XH	ian Ro		8.75 Additional Fee Regulred
Sulte, Apt. #, etc. 22 #400 BB	Suite, Apt. #, etc. 27 # 1100 BB			5.00 May Be Added to Fees
City & State  23 MELBOURNE FL.	City & State  28 MELBOURNE F	L	7. Is this nonprofit corporation a homeowners as	
Zip Country 24 <b>32</b> 9 4 0 25	Zip Cour 29 3 2 9 日 0 30	ntry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Age	nt
VICKERS, TIMOTHY K. 6701 FOOFWATER COMMERCE PKWY		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	

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.

83

ad name of registered agent and title if applicable SIGNATURE KHTOMI (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE CARVER, RALPH NAME 1.2 NAME CARVER RALPH 2481 DINNEEN AVE 2481 DINNEEN AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL STD CITY-ST-ZIP DRIANDO FL 1.4 CITY-ST-ZIP <u> 33804 -</u> TITLE DELETE 2.1 TITLE Addition APIN, RONALD VICKERS, TIMOTHY NAME 2.2 NAME 6701 EDGEWATER COMMERCE STREET ADDRESS 3825GARDENIA HVE 2.3 STREET ADDRESS ORLANDO FL 32839-81,99 CITY-ST-ZIP ORLANDO. 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME LAPIN, RONALD TATHAM EONA 3.2 NAME 2845-21 AVE N. STREET ADDRESS 3825 GARDENIA AVE 3.3 STREET ADDRESS **ORLANDO FL** PETERSBURG FL33 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Addition 4.1 TITLE TATHAM, ALBERT FISH, KENNETH NAME 4. 2 NAME 2106 W CENTRAL BLVD 2845-21 AVE N. STREET ADDRESS 4.3 STREET ADDRESS **ORLANDO FL** CITY - ST - ZIP PETERSBURGE, F. 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE MCGAFFIGAN, MATHEW NAME MORRELL, JOHN 5.2 NAME 5402-W. LINEBAUGH AVE 2481 DINNEEN AVE STREET ADDRESS 5.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF

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: Galma O. Jack

/ -- 00 O- not no

CR2E037 (10/97)

Zip Code