


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50571** (1)

1. Corporation Name

SHARE CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804
US**

**3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1992** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3139087** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IVA S.
3854 S ORANGE AVE
SUITE B
ORLANDO FL 32804**

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 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

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 **P** ☒ DELETE
NAME **GALLOGLY, DANIEL**
STREET ADDRESS **201 S ORANGE AVE STE 950**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **T** ☐ Change ☒ Addition
1.2 NAME **Smith, Michael**
1.3 STREET ADDRESS **4410 Carousel Road**
1.4 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **S** ☐ DELETE
NAME **ALI, RONAA'**
STREET ADDRESS **545 VERN DR**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CRITCHFIELD, LISA**
STREET ADDRESS **645 INTERLACHEN AVE**
CITY-ST-ZIP **WINTER PARK FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Basden, Richard**
3.3 STREET ADDRESS **907 Canton Street**
3.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **D** ☒ DELETE
NAME **COWLES, WILLIAM**
STREET ADDRESS **119 W. KALEY STREET**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Parkinson, Richard**
4.3 STREET ADDRESS **2813 Pioneer Road**
4.4 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **V** ☐ DELETE
NAME **BATES, THOMAS**
STREET ADDRESS **1925 MIZELL AVENUE, SUITE 302**
CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Watson, Don**
5.3 STREET ADDRESS **221 E. Osceola Street**
5.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☒ DELETE
NAME **MCGUIRE, ROSA**
STREET ADDRESS **19934 MARDI GRAS STREET**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Foley, Doug**
6.3 STREET ADDRESS **601 East Rollins Street**
6.4 CITY-ST-ZIP **Orlando, FL 32803**

14. I do 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.

CR2E037 (4/97)

SIGNATURE REQUIRED with Treasurer 7/21/97 407/858-0300