


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3854 S ORANGE AVE SUITE B ORLANDO FL 32804 US	Mailing Address 3854 S ORANGE AVE SUITE B ORLANDO FL 32804 US
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3. Date Incorporated or Qualified 08/26/1992	
4. FEI Number 59-3139087	Applied For <input type="checkbox"/> Not Applicable

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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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 COLEMAN, IVA S. 3854 S ORANGE AVE SUITE B ORLANDO FL 32804
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81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MICHAEL
STREET ADDRESS	4410 CAROUSEL RD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ALI, RONAA'
STREET ADDRESS	545 VERN DR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	BASDEN, RICHARD
STREET ADDRESS	907 CANTON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	PARKINSON, RICHARD
STREET ADDRESS	2813 PIONEER RD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BATES, THOMAS
STREET ADDRESS	1925 MIZELL AVENUE, SUITE 302
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, DON
STREET ADDRESS	221 E OSCEOLA ST
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Foley, Doug
1.3 STREET ADDRESS	601 East Rollins Street
1.4 CITY-ST-ZIP	Orlando, FL 32803
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Payne, Mark Benjamin
2.3 STREET ADDRESS	720 S. Grandview Street
2.4 CITY-ST-ZIP	Mt. Dora, FL 32757
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pinder, Nelson W.
3.3 STREET ADDRESS	2632 Marquise Court
3.4 CITY-ST-ZIP	Orlando, FL 32805
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Parkinson, Richard
4.3 STREET ADDRESS	2813 Pioneer Road
4.4 CITY-ST-ZIP	Orlando, FL 32808
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bates, Thomas
5.3 STREET ADDRESS	1925 Mizell Avenue, Ste. 302
5.4 CITY-ST-ZIP	Winter Park, FL 32792
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wilson, Linda
6.3 STREET ADDRESS	1839 Sailfish Court
6.4 CITY-ST-ZIP	Kissimmee, FL 34744

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: _____ /Doug Foley President 06/15/98 407/893-8759

CR2E037 (10/97)