

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # N92000000696 (6)

1. Corporation Name

CENTRAL FLORIDA RESALE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

485 S. ORLANDO AVE
MAITLAND FL 32751

2438 E ROBINSON ST
C/O JOANNE'S 2ND TIME AROUND
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1992 3a. Date of Last Report 01/24/1996

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

4. FEI Number NOT APPLICABLE 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANLEY, FREDERIC JR
990 DOUGLAS AVE
SUITE 100
ALTAMONTE SPRINGS FL 32714

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	PD	1.1 TITLE	PD
NAME	LISI-TENEN, LINDA	1.2 NAME	Gonel, Shirley
STREET ADDRESS	3103 W COLONIAL DRIVE	1.3 STREET ADDRESS	745 Orienta Plaza Ste 1081
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	VP	2.1 TITLE	VP
NAME	SPPEDMAN, TERRY	2.2 NAME	Wood, Cheryl
STREET ADDRESS	1590 E SILVER STAR ROAD	2.3 STREET ADDRESS	851 E 434 Ste 164-166
CITY-ST-ZIP	OCFEE FL	2.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	T	3.1 TITLE	T
NAME	BARNES, JOANNE F	3.2 NAME	Mabry, Nancy
STREET ADDRESS	2438 E ROBINSON ST	3.3 STREET ADDRESS	449 SR 434 Ste 1025
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	SD	4.1 TITLE	S
NAME	SHOPE, DEE	4.2 NAME	Dire, Robin
STREET ADDRESS	200 S HWY 434 #1072	4.3 STREET ADDRESS	1490 SR 434
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE		5.1 TITLE	
NAME		5.2 NAME	Johnson, Dee
STREET ADDRESS		5.3 STREET ADDRESS	851 W SR 436 #1023
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE [Signature] DATE 11/12/97

CR2E037 (4/97)