


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N95000004894 (0)</b> 1. Corporation Name <b>CENTRAL FLORIDA DIAMONDBACKS, INCORPORATED</b>		



Principal Place of Business <b>14850 ANGUS ROAD POLK CITY FL 33868</b>	Mailing Address <b>14850 ANGUS ROAD POLK CITY FL 33868</b>
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3. Date Incorporated or Qualified <b>10/12/1995</b>	
4. FEI Number <b>59-3342071</b>	Applied For 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"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>RICE, DONALD 14850 ANGUS ROAD POLK CITY FL 33868</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD <input type="checkbox"/> DELETE
NAME	<b>RICE, DON</b>
STREET ADDRESS	<b>14850 ANGUS ROAD</b>
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>RICE, PATTY</b>
STREET ADDRESS	<b>14850 ANGUS ROAD</b>
CITY-ST-ZIP	<b>POLK CITY FL 33868</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>SHIRAH, LIZ</b>
STREET ADDRESS	<b>105 HALES ROAD</b>
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SHIRAH, LLOYD R.</b>
STREET ADDRESS	<b>105 HALES ROAD</b>
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>GRAHAM, RICHARD</b>
STREET ADDRESS	<b>246 WEST SOCRUM LOOP ROAD</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	<b>RUTLEDGE, LARRY</b>
STREET ADDRESS	<b>1505 35TH STREET NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>

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 type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (10/97)