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PROFIT
CORPORATION
ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000060293 (6)

CENTRAL FLORIDA RELO INC.

## FILED Jun 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4224 STAFFORDSHIRE DR 4224 STAFFORDSHIRE DR LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 <u>59-3199679</u> Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Inlangible 24 Yes □ No 25 Personal Property Tax due June 30. 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HURRY, STUART J 4224 STAFFORDSHIRE DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33809 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Horida. 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 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or predict hadre of registered agent and life it applicable 10097 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 THE Change HURRY, STUART J NAME 1.2 NAME CR2E034 **4224 STAFFORDSHIRE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Addition TITLE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attraction of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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