SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1999 99 SEP -9 PI112: 16 DOCUMENT # P93000071448 SUCNETARO OF STATE TALLAHASSEE, FLORIDA CENTRAL HOLDINGS, INC. Mailing Address Principal Place of Business 05/06/99 9008/ 00 2 4 158, 75 do not write in this space 201 E. PINE STREET 201 E. PINE STREET **SUITE 1200 SUITE 1200** ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 10/14/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3212896 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Žφ Country Zıp Country 8. This corporation owes the current year 29 Yes No Intangible Personal Property. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEUKAMM, MICHAEL E 82 Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE STREET **SUITE 1200** 83 ORLANDO FL 32801 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Ð 1.1 TITLE Change Addition THILE DELETE CR2E034 BARRETT, EDWARD 1.2 NAME NAME LOCKHART MILL ROAD 1.3 STREET ADORESS STREET ADDRESS WOODSTOCK, NEW BRUNS, CANADA City-St-20 1.4 CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE BARRETT, MALCOLM 2 2 NAME NAME LOCKHART MILL ROAD STREET ADDRESS 2.3 STREET ADDRESS WOODSTOCK, NEW BRUNS., CANADA CITY-ST-ZiP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TILLE BARRETT, WILLIAM 3.2 NAME B. 4147 P.O. BOX 7 (N/A) 3.3 STREET ADDRESS STREET ADDRESS HARTLAND, NEW BRUNSW, CANADA CITY-ST-ZIP 3.4 CITY-ST-ZIP TIFLE DELETE 4.1 TITLE Change Addition GINSON, DAVID 4.2 NAME NAME P.O. BOX 384 (N/A) 4.3 STREET ADDRESS STREET ADDRESS HARTLAND, NEW BRUNSW., CANADA 4.4 CITY-ST-ZIP CITY-ST-ZIF 5.1 TITLE Change Addition TITLE DELETE 5 2 NAME 5.3 STREET ADORESS STREE LADORESS 5.4 CITY-ST-ZIP City-St-ZiP 61 TITLE TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREELADORESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the experimental annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block. 12 or Block 13 if changed, or on an attachment with in address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

SIGNATURE: