FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019856 (1)

WEST CENTRAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED Feb 10 1998 8:00am Secretary of State

1115 W CENTRAL BLVD ORLANDO FL 32805		1115 W CENTRAL BLVD ORLANDO FL 32805		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 03/09/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3232632	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Ves No
p. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
HARRISON, RAYMOND D 81 Name					
1115 W CENTRAL BLVD ORLANDO FL 32805			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL	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					
	Signature, typed or protect came of equitored a	gentasethleitapptcable (NO) ND DIRECTORS	Filogistered Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10
12. TITLE	ON ICHIS A	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	HOLCOMB, DAPHNE S		1.2 NAME		
STREET ADDRESS	910 ALBA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PS	DELFTE	21 TITLE		Change Addition
NAME	HARRISON, RAYMOND D		22 NAME		
STREET ADDRESS	1115 W CENTRAL BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2 4 CITY-ST-ZIP	, has been been been been been been been bee	
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELĒJE	3.4. CITY - \$1 - ZIP 4.1 TITLE		Change Addition
NAME		bett 11	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 4 CITY - ST - ZIP		Dhara Dadie
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an altrachment with an address.

Daphnes Holcomb