

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000025832 (4)

1. Corporation Name
C&R ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business: **6446 ABBEYDALE CT ORLANDO FL 32818**
Mailing Address: **6446 ABBEYDALE CT ORLANDO FL 32818**

3. Date incorporated or Qualified: **04/01/1994**
3a. Date of Last Report: **08/03/1995**
4. FEI Number: **59-3234586**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**CASTRO, ROBIN L
6446 ABBEYDALE CT
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL**

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. I am familiar with, and accept the obligations of, Section 607.0505, 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
TITLE: **P** DELETE
NAME: **CASTRO, ROBIN**
STREET ADDRESS: **6446 ABBEYDALE CT**
CITY-ST-ZIP: **ORLANDO FL**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME: Change Addition
13 STREET ADDRESS: Change Addition
14 CITY-ST-ZIP: Change Addition
21 TITLE: Change Addition
22 NAME: Change Addition
23 STREET ADDRESS: Change Addition
24 CITY-ST-ZIP: Change Addition
31 TITLE: Change Addition
32 NAME: Change Addition
33 STREET ADDRESS: Change Addition
34 CITY-ST-ZIP: Change Addition
41 TITLE: Change Addition
42 NAME: Change Addition
43 STREET ADDRESS: Change Addition
44 CITY-ST-ZIP: Change Addition
51 TITLE: Change Addition
52 NAME: Change Addition
53 STREET ADDRESS: Change Addition
54 CITY-ST-ZIP: Change Addition
61 TITLE: Change Addition
62 NAME: Change Addition
63 STREET ADDRESS: Change Addition
64 CITY-ST-ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: *Robyn L. Castro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96
DATE
4076626537
Daytime Phone #

CR2E034 (3/96)