

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90099 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028305**

1. Corporation Name  
**CENTRAL STATE, INC.**



Principal Place of Business 407 LAKE HOWELL ROAD MAITLAND FL 32751	Mailing Address 407 LAKE HOWELL ROAD MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1109 EAST ALTAMONTE DR.</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>ALTAMONTE SPRINGS FL</b>	Suite, Apt. #, etc. 27
City & State 23 <b>32701 - 5000</b>	City & State 28
Zip 24	Country 25 <b>ORANGE</b>
Zip 29	Country 30

3. Date Incorporated or Qualified <b>04/12/1994</b>	
4. FEI Number <b>59-3232568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAYSAM, GEORGI 407 LAKE HOWELL ROAD MAITLAND FL 32751	10. Name and Address of New Registered Agent 81 Name <b>HAYSAM GEORGI</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1109 EAST ALTAMONTE DRIVE</b> 83 <b>ALTAMONTE SPRINGS FL 32701</b> 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME GEORGI, HAYSAM	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 407 LAKE HOWELL ROAD	CITY-ST-ZIP MAITLAND FL 32751	1.2 NAME HAYSAM GEORGI	
		1.3 STREET ADDRESS 1109 E. ALTAMONTE DR.	
		1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5000	
TITLE D	NAME GEORGI, MAISON D	2.1 TITLE V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 407 LAKE HOWELL ROAD	CITY-ST-ZIP MAITLAND FL 32751	2.2 NAME MAISON GEORGI	
		2.3 STREET ADDRESS 1109 E. ALTAMONTE DR.	
		2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5000	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **2-2-99** Daytime Phone # **407-260-8222**

CR2E034 (1/198)