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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P94000032775 (6) CENTRAL ELOPIDA DECIDENTIAL DECIDADO INO

Principal Place of Business Mailing Address 131 PARK LAKE ST. 131 PARK LAKE ST. ORLANDO FL 32803 ORLANDO FL 32803											
								3. Date Incorporated or Qualified 04/29/1994		ate of Last Report 6/29/1995	
2. Principal P	lace of Business		2a. Ma	ailing Address				4. FEI Number		Applied For	
21			26	· · · · · · · · · · · · · · · · · · ·				59-3249704 Not Applicable			
Suite, Apt.			27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stati	e		City & State					6. Election Campaign Financing	Γ1	\$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees			
Ζφ	Country		1			ry		8. This corporation has liability for intangible tax under single Florida Statutes		¬	
24	25	Address of Curr	29	nd Agont	30				*	No	
_			ill negistere	nt Registered Agent			Name	10. Name and Address of New Re	gisterea	Agent	
	AHILL, ROSANI				Ľ	1	Name				
	31 PARK LAKE					2	Street Addr	Address (P.O. Box Number is Not Acceptable)			
O	rlando fl 32	803			s	3					
					[٦					
					8	4	City		FL	85 Zip Code	
office or r	egistered agent, m familiar with, a	or both, in the Stat	e of Florida S gations of, Se	Such change was action 607.0505, Fi	authorized b lorida Statute	iy t es.	the corporation	oration submits this statement for the p on's board of directors. Thereby accepted when restricting	urpose of the appo	changing its registered introduct as registered	
12.		OF FICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12	
TITLE	DPST			DELETE	1.1 TITU	Ē				Change Addition	
NAME	CAHILL, RO				1.2 NAM	E					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32803			1.4 CITY	- \$1	T - ZIP				
TITLE				DELETE	2 1 TITL	E			l	Change Addition	
NAME					2 2 NAM	E					
STREET ADDRESS					23STRE	ET/	ADDRESS				
CITY-ST-ZIP				DELETE	2 4 CIT	•	i · ZIP				
TITLE				DELFTE	3 1 TITLI				l	Change Addition	
NAME					3.2 NAM						
STREET ADORESS							ADDRESS				
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STREET ADDRESS							ADDRESS				
CITY - ST - ZIP					5 4 CITY		ĺ				
TITLE				DELETE	6 1 TITU					Change Addition	
NAME	}				6.2 NAM						
STREET ADORESS							ADDRESS				
CITY - ST - ZIP					6 4 CITY						

SIGNATURE:

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). Florea 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

IGNATURE:

| Control |

407-422-0733