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

P94000065032 (2) DOCUMENT

PARK & SHOP OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 329 SANFORD AVE. 329 SANFORD AVE. SANDFORD FL 32771 SANDFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3273014 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. E-ection Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRABULSY, SY **462 FORESTWOOD LANE** 82 Street Address (P.O. Box Number is Not Acceptable) MATLAND FL 32751 83 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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE TRABULSY, SY. E. NAME 12 NAME **CR2E034** 462 FORESTWOOD LANE 13 STREET ADDRESS STREET ADDRESS MAITLAND FL 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE TRABULSY JULIA NAME 2.2 NAME 2812 SALISBURY BLVD. STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL 2. 4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THE TRABULSHY, FRIEDA NAME 3.2 NAME 462 FORESTWOOD LANE STREET ADDRESS 3 3 STREET ADDRESS MAITLAND FL 32751 CITY - S1 - ZIP 34 CITY-ST-7IP DELETE Change Addition TITLE 4 1 TITLE TRABULSHY, SY NAME 4 2 NAME 462 FORESTWOOD LANE STREET ADDRESS 4.3 STREET ADDRESS MAITLAND FL 32751 CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 IIIUF NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 DILE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an affact binerit with an address.

SIGNATURE:

CITY-ST-ZIP

SY TRABULSY

FILED

Apr 30 1998 8:00am

Secretary of State

APRIL 22,1998 (407) 321-9599