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

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000069464 (3)

CENTRAL FLORIDA REFERRALS, INC.

Principal Place of Business Mailing Address

998 W MAIN ST
AVON PARK FK 33825

Mailing Address

996 W MAIN ST
AVON PARK FK 33825

FILED
Jun 27 1996 8:00 am
Secretary of State



998 W MAIN ST AVON PARK FK 33825		898 W MAIN ST AVON PARK FK 33825				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business					09/19/1994	1 01/19/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc		26		65-0525280	Not Applicable	
22		Suite, Apt. #, etc. 27		5. Certificate of Status Dos red	\$8.75 Additional Fee Required	
City & State		City & State		.,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip [29]	Countr 30	ý	This corporation has liability for in Florida Statutes	ntangible tax under s 199 032 Yes
	9. Name and Address of Currer	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent
Lini	L, SHARMON		81	Name		
	W MAIN ST		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
AVC	ON PARK FK 33825		83	3		
			84	City		FI 85 Zip Code
SIGNATURE	Signed in the the probability of direct wording. OF FICE AS	rtand the tapperable (No. ID DIRECTORS	11. For Sect A	port Signature rec	aced which conducting. ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	111111			Change Addition
NAME	HILL, SHARMON		1.2 NAME			
STREET ADDRESS	998 W MAIN ST		1.3 STREE	T ADORESS		
CITY-ST-ZIP	AVON PARK FK 33825		1.4 CITY-	ST-2IP		
TITLE	D	DELETE	21 TITLE			Change Addition
NAME	PADGETT, LANSE		2.2 NAME			
STREET ADDRESS	998 W MAIN ST		2.3 STREE	1 ADDRESS		
CITY - ST - ZIP	AVON PARK FK 33825		2 4 CHY	- S1 - 21F		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY - ST - ZIP		DELETE	3.4 CHY	ST ZIP		
TITLE			41 TIFLE	.		Change Addition
NAME OVOCCA LOGGESS			4 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CITY - 5 1 TITUE	51 ZIP		Change Addit or
NAME			5 2 NAME			T prants T volume
STREET ADDRESS				LADORESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		DEFETE	6 1 TiTeE	31 ZII'		Change Addit or
NAME			62 NAME			Searings Modiff of
STREET ADDRESS				TADORESS		
CITY-ST-ZIP						
	sortificthal the ofernation and a	at the serie files in the series of	6 4 CHY-		in the for the promption stated in Coation 1	

1 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 1 further certify that the information indicated on this armual 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 among 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 2 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

941-452-1205