FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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AND
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95 MAY 11 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # P94000089178 (5)

CENTRAL UNION, INC.

% GARY MAKSIMOWICH
1225 BENNET DR SUITE 108
LONGWOOD FL 32750

% GARY MAKSIMOWICH
1225 BENNET DR SUITE 108
LONGWOOD FL 32750

3. Date of Last Report: 12/09/1994

3a. Date of Last Report:

4. FEI Number: Applied For — [X] 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. The corporation has agreed to indemnify its officers and directors as provided by Section 607.0850, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CORRENTI, PETER J ESQ
246 N WESTMONTE DR SUITE 205
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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 607.0502, Florida Statutes.

SIGNATURE:

12. OFFICER AND DIRECTOR(S)

D
MAKSIMOWICH, GARY
1225 BENNET DR SUITE 108
LONGWOOD FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers or directors.

SIGNATURE: Gary Maksimowich 5-8-95 407-332-0188

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — TELEPHONE NUMBER

0041279 CP