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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000007992 (7)

1. Corporation Name  
CENTRAL FLORIDA MANAGEMENT, INC.



Principal Place of Business Mailing Address  
429 SOUTH COMMERCE AVE. 129 SOUTH COMMERCE AVE.  
SEBRING FL 33870 SEBRING FL 33870-3802  
2523 US 27 SO #208 2523 US 27 SO #208  
AVON PARK FL 33825 AVON PARK FL 33825

2. Principal Place of Business 2a. Mailing Address  
21 2523 US 27 SO 26 Suite, Apt. #, etc.  
22 #208 27 City & State  
23 AVON PARK FL 28 City & State  
24 33825 25 HIGHLANDS 29 Zip 30 Country

3. Date Incorporated or Qualified 01/31/1995 3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0548581 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCOLLUM & JOHNSON, P.A.  
129 SOUTH COMMERCE AVE.  
SEBRING FL 33870

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 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: Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D SONNI, ASHOK MD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | P SEETHARAMIAH, PRAKASH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SONNI, ASHOK MD  | 1.2 NAME  | SEETHARAMIAH, PRAKASH  |
| STREET ADDRESS             | 2523 US 27T SOUTH SUITE 208                                  | 1.3 STREET ADDRESS                                    | 2523 US 27 SO #208   |
| CITY-ST-ZIP                | AVON PARK FL 33825   | 1.4 CITY-ST-ZIP                                       | AVON PARK FL 33825   |
| TITLE                      | <input type="checkbox"/> DELETE                              | 2.1 TITLE   | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |  | 2.2 NAME  | SEETHARAMIAH, INDRANI  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | 2523 US 27 SO #208   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | AVON PARK FL 33825   |
| TITLE                      | <input type="checkbox"/> DELETE                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

SIGNATURE: *Prakash Seetharamiah* SIGNATURE REQUIRED PRakash SEETHARAMIAH 04-09-97 (941) 452 0566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # 0390766

CR2E034 (9/96)