FILE NOW: FILING FEE AFTER MAY 1ST 1S \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000007992 (7)

CENTRAL FLORIDA MANAGEMENT, INC.

FILED Jun 01 1998 8:00am Secretary of State

			•		
Principal Place of Business		Mailing Address			<u> 1811 1851 1811 1811 1851 1851 1861 </u>
2523 US 27TH 80UTH		2523 US 27TH SOUTH			
#208		STE #208			
AVON PARK FL \$3825		AVAN PARK FL 33825		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualified	
				01/31/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0548581	Not Applicable
Suite, Apt.	#, 8 IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			
	,	₁		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Z (p)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
24	9, Name and Address of Current			10. Name and Address of New Registere	
MC	COLLUM & JOHNSON, P.A.		81 Name		
129 SOUTH COMMERCE AVE.				(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	
	BRING FL 33870		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
) 	5, m 10 1 2 000 10		83		
			84 City	F	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
BIGNATORE	Signature, typod or printed name of registered agen	cand title diapplicable (NC	OTE Registered Agent signature rec		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OFFERIADALMAN DOAMANA	☐ DELETE	1.1 TITLE		Change Addition
NAME	SEETHARAMIAH, PRAKASH		1.2 NAME		
STREET ADDRESS	2523 US 27TH SOUTH #208		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP		
THILE	VP	DELETE	2.1 TOTAE		Change Addition
NAME	SEETHARAMIAH, INDRANI		2.2 NAME		
STREET ADDRESS	2523 US 27TH SOUTH #208		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	AVON PARK FL	D DELETE	2. 4 CITY - S1 - ZIP		Channe Daddin
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-ST-ZIP		Docte	3.4 CITY-ST-ZIP		Channa Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		The results The second of the
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6.1 TITLE		CT ONWIND CT VANISHINI
NAME PROFES ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		

14. I hereby cortify 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.