

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040102 (2)

1. Corporation Name

JAVA CENTRAL, INC.

Principal Place of Business

Mailing Address

12427 ROCKLEDGE CIR
BOCA RATON FL 33428-815
US

12427 ROCKLEDGE CIR
BOCA RATON FL 33428-815
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 22071 MARTELLA AVE	26 22071 MARTELLA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 BOCA RATON, FL	28 BOCA RATON, FL
Zip	Zip
24 33433-4659	29 33433-4659
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

65-0591875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORENTINO, MICHAEL
12427 ROCKLEDGE CIR
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name	FLORENTINO, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)	22071 MARTELLA AVE
83	
84 City	BOCA RATON
85 Zip Code	FL 33433-4659

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

Michael Florentino
Signature, typed or printed name of registered agent and title if applicable

V. Pres
(NOTE: Registered Agent signature required when reinstating)

4/6/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRICH, GERALD J	1.2 NAME	
STREET ADDRESS	12427 ROCKLEDGE CIR	1.3 STREET ADDRESS	22071 MARTELLA AVE
CITY-ST-ZIP	BOCA RATON FL 15	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433-4659
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORENTINO, MICHAEL	2.2 NAME	
STREET ADDRESS	12427 ROCKLEDGE CIR	2.3 STREET ADDRESS	22071 MARTELLA AVE
CITY-ST-ZIP	BOCA RATON FL 15	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433-4659
TITLE		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		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		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		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 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: *Michael Florentino* *4/6/98* *5614976137*

CR2E034 (10/97)