

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

*10/2*

1997 JUL 17 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000048893 (8)**

1. Corporation Name  
**CENTRAL MINERALS CORPORATION**



Principal Place of Business <b>115 W. SEMINOLE AVENUE (210) MELBOURNE FL 32901</b>	Mailing Address <b>115 W. SEMINOLE AVENUE (210) MELBOURNE FL 32901</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/20/1995</b>		3a. Date of Last Report <b>03/26/1996</b>	
2. Principal Place of Business 21 <b>290 Paradise Blvd.</b>		2a. Mailing Address 28 <b>290 Paradise Blvd</b>	
Suite, Apt. #, etc. 22 <b>No 36</b>		Suite, Apt. #, etc. 27 <b>No 36</b>	
City & State 23 <b>Indialantic, FL</b>		City & State 28 <b>Indialantic, FL</b>	
Zip 24 <b>32903</b>	Country 25 <b>Broward</b>	Zip 29 <b>32903</b>	Country 30
4. FEI Number <b>59-3326841</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HOFMANN, ERNST G.**  
**115 W. SEMINOLE AVENUE (210)**  
**MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name **Hofmann, Ernst G.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**290 Paradise Blvd**  
 83 **No 36**  
 84 City **Indialantic** **FL** 85 Zip Code **32903**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFMANN, ERNST G.</b>	
STREET ADDRESS	<b>115 W. SEMINOLE AVE, NO 210</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SOONG, TONY R.</b>	
STREET ADDRESS	<b>2565 LEMA RD SE</b>	
CITY-ST-ZIP	<b>RIO RANCHO NM</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hofmann, Ernst G.</b>	
1.3 STREET ADDRESS	<b>290 Paradise Blvd No 36</b>	
1.4 CITY-ST-ZIP	<b>Indialantic, FL 32903</b>	
2.1 TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Soong, Tony R</b>	
2.3 STREET ADDRESS	<b>3412 Applewood Way</b>	
2.4 CITY-ST-ZIP	<b>Modesto, CA 95355</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>000002245280--9</b>	
3.4 CITY-ST-ZIP	<b>-07/23/97--01092--004</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 \_\_\_\_\_ DATE **15 July 1997**

CR2E034 (4/97)

20/2

# CMC CENTRAL MINERALS CORP.

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290 Paradise Blvd., Suite 36, Indialantic, FL32903 • Tel: (407) 777-9462 Fax: (407) 779-9353

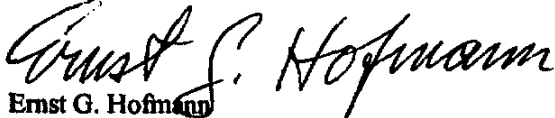
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15 July, 1997

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

On 14 July 1997 I received your "2<sup>nd</sup> Notice" of the Profit Corporation Annual Report. We did not receive the first notice, probably because the addresses have not been changed. For this reason I would like to appeal the \$385.00 late fee. Attached is the report with the corrected addresses and the payment.

Sincerely,

  
Ernst G. Hofmann