

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

PROFIT CORPORATION Reinstatement		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000052323 (9)**

1. Corporation Name
CENTRAL AVENUE NORTH HOLDINGS, INC.

Principal Place of Business

**1015 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

Mailing Address

**1015 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

REINSTATEMENT 1997-1999
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1082 DEAN ST**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1082 DEAN ST**
Suite, Apt. #, etc.

22 City & State

23 **ST CLOUD FL**

27 City & State

28 **ST CLOUD FL**

24 Zip

34771

25 Country

USA

29 Zip

34771

30 Country

USA

9. Name and Address of Current Registered Agent

**BARRETT, WILLIAM C
1015 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

WILLIAM C. BARRETT

William C. Barrett

FEB 1, 1999

Signature, typed or printed name of registered agent and in e if applicable

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BARRETT, MYRA H
1015 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BARRETT, WILLIAM C
1015 N. CENTRAL AVENUE
KISSIMMEE FL 34741**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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:

WILLIAM C. BARRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 FEB 1999 407 842 8728

Daytime Phone # 0009967

CR2E034 (10/97)