

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074101 (3)

1. Corporation Name

CENTRAL FLORIDA ENTERTAINMENT, INC.



Principal Place of Business

112 EAST ST., SUITE B
TAMPA FL 33602

Mailing Address

112 EAST ST., SUITE B
TAMPA FL 33602

2. Principal Place of Business

21 6604 ORCHID LAKE RD

22 Suite, Apt., #, etc.

23 City & State

NEW PORT RICHEY

24 Zip

34657

25 Country

PASCO

2a. Mailing Address

26 P.O. BOX 5211

27 Suite, Apt., #, etc.

28 City & State

PALM HARBOR FL

29 Zip

34654

30 Country

FLORIDA

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

4. FET Number

☒ 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

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

DOLAN, MARK R
112 EAST ST., SUITE B
TAMPA FL 33602

11. Pursuant to the provisions of Sections 602 (only) and 607 (5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida and in the State of Florida, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the laws of the State of Florida and the laws of the State of Florida.

SIGNATURE

Sandra Masters / SANDRA MASTERS Treas/Sec 8/16/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Masters Sandra Masters 8/16/96 813-781-5359

CR2E034 (12/95)