

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002226 (4)**

1. Corporation Name

**CENTRAL FLORIDA PUBLISHING, INC.**



Principal Place of Business <b>94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765</b>	Mailing Address <b>94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3360933</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>THOMAS, THOMAS R. 94 E. MITCHELL HAMMOCK RD. OVIEDO FL 32765</b>				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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>428 CELERY CIRCLE N.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	VPDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, THOMAS R.</b>	2.2 NAME	
STREET ADDRESS	<b>758 N. GRETNA CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKAIGE, GEORGE T.</b>	3.2 NAME	
STREET ADDRESS	<b>1802 N. LAUREL DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKAIGE, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>1802 N. LAUREL DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas M. Malloy</b>	5.2 NAME	
STREET ADDRESS	<b>1075 WEAVER DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO, FL. 32765</b>	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:

*[Handwritten Signature]* **Thomas M. Malloy** 11/1/98 1007/2154604

CR2E034 (10/97)