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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017320 (8)

CENTRAL PERK, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Principal Place of Business Mailing Address
2394 SW DEEPWOOD PASS
PALM CITY FL 34990 PASS
PALM CITY FL 34990-7710

28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARNOLD, STEVEN B 2349 SW DEEPWOOD PASS **B2** Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 City 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sliprature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Addition DELETE Change TITLE 1.1 TITLE ARNOLD, STEVEN B NAME 1.2 NAME 2349 SW DEEPWOOD PASS STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 COLY-ST-ZIE 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TiTLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CiTY - ST - 7IP Change TITLE DELETE 3.1 TITLE Addition MAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY - S1 - 7th 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP CITY-ST-7F DELETE Change Addition HILF 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7IP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-S1-7IP 6.4 CITY-ST-ZIP

14. If 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 Blocy 13 if changed, or on an attachment with an address.

SIGNATURE:

SNING OFFICER OR DIRECTOR

14/97 (56) 743

0470233

FILED

Apr 23 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

65-067725

5. Certificate of Status Desired

6. Election Campaign Financing

02/26/1996