

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040583 (2)

1. Corporation Name

EDDI OF CENTRAL FLORIDA, INC.



Principal Place of Business POST OFFICE BOX 1000 EATON PARK FL 33840	Mailing Address POST OFFICE BOX 1000 EATON PARK FL 33840-1000
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3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report
4. FEI Number 59-3380659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 SPIRIT LAKE ROAD Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 1000 Suite, Apt. #, etc.
22 City & State WINTER HAVEN	27 City & State EATON PARK FLA.
23 Zip FLA. 33880	29 Zip 33840
25 Country	30 Country

9. Name and Address of Current Registered Agent LONG, DIANA C 21 SPIRIT LAKE ROAD WINTER HAVEN FL 33880	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
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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	D	1.1 TITLE	
NAME	LONG, DIANA C	1.2 NAME	N/A
STREET ADDRESS	POST OFFICE BOX 1000	1.3 STREET ADDRESS	
CITY-STATE-ZIP	EATON PARK FL 33840	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	LONG, EDGAR E	2.2 NAME	N/A
STREET ADDRESS	POST OFFICE BOX 1000	2.3 STREET ADDRESS	
CITY-STATE-ZIP	EATON PARK FL 33840	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 08, 1997 741-299-8888

Date

Daytime Phone #

0383712

CR2E034 (9/96)