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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOC

| 1. Corporation | OF CENTRAL FLORIDA, INC. | 046511 | | | |
|------------------------|--|----------------------------------|------------------------------------|---|---|
| Principal Place | e of Business | Mailing Address | , | 1 1001(001 150 50510 05115 05111 00111 00211 0 | OJII OLOIO EIIDI OILEC ILOBI IZEL 1001 |
| 2721 FORSYTH | | 2721 FORSYTH RD | | | |
| STE #361 | no. | STE 361 | | | |
| WINTER PARK | FL 32792 | WINTER PARK FL 32792 | | DO NOT WRITE IN T | HIS SPACE |
| US | | US | | 3. Date Incorporated or Qualifed | • |
| | | | | 05/28/1996 | Applied For |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number 59-3382807 | Applied For Not Applicable |
| 21 | # ->- | Suite, Apt. #, etc. | | 39-3302001 | \$8.75 Additional |
| Suite, Apt. | #, etc. | 27 | | 5. Certifcate of Status Desired | Fee Required |
| City & State | <u> </u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zig | Country | 8. This corporation owes the current year | r Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes □No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Register | red Agent |
| | | | 81 Name | | |
| DOLOISIO, DONALD F | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| 1421 GLADIOLAS DRIVE | | | | sayay ay ay egg ag | N |
| WIN | TER PARK FL 32792 | | 83 | | 毛减裂性隐 肠管 |
| | | | 84 City | | 85 Zip Code |
| | | | | | -L |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the above-named corp | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | e of changing its registered |
| agent. 1 a | m familiar with, and accept the obligati | ions of, Section 607.0505, Flori | ida Statutes. | or a substantial transfer and appropriate | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNATURE | | | | | <u> </u> |
| | Signature, typed or printed name of registered agent | | Registered Agent signature require | | |
| 12. | OFFICERS ANI | D DIRECTORS DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS | Change Addition |
| TMLE | DOLOIGIO DONALD E | L] better | 1.2 NAME | | |
| NAME | DOLOISIO, DONALD F 2721 FORSYTH RD, STE 361 | | 1.3 STREET ADDRESS | | _ |
| STREET ADDRESS | WINTER PARK FL | | | | |
| CITY-ST-ZIP | WINTER PARK FL | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| TITLE | | | 2.2 NAME. | | |
| NAME CTOCCT ADDRESS | | | 2.3 STREET ADDRESS | • | |
| STREET ADDRESS | | | 2. 4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | / |
| STREET ADDRESS | · · | | 3.3 STREET ADDRESS | | wajpangan, musikan asi |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETÉ | 4.1 TITLE | | a Change DAddition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | /. va | , |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | - |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | • | |
| STREET ADDRESS | l · | | 6.3 STREET ADDRESS | | |

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, with all other like empowered.

SIGNATURE:

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90005 044 ***150.00