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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P9600068679 (5)

CENTRAL FLORIDA GENERAL, INC.

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



941 SENECA TRAIL MAITLAND FL 32751			341 SENECA TRAIL MAITLAND FL 32751-4950							
						3. Date Inc	orporated or Qualified	3a. Da	te of Last	Report
						08/14/	,		N/A	,
2. Principal Place of Business			lailing Address			4. FEI Num	ber	<del></del>		Applied For
21	1 Same		26 Same			59-	342679	6	1	lot Applicable
Suite, Apt #, etc		27	Suite, Apt. #, etc.			5. Certifica	5. Certificate of Status Desired		\$8.75 Additiona	
City & State 23		28	ity & State				Campaign Financing nd Contribution			May Be
Zip <b>24</b>	Country 25	Zi <b>29</b>	ip	Country 30	у	8. This corp	poration has liability for	r intangible		s. 199.032,
	ne and Address of Curre		ed Agent				nd Address of New R			
REYNOLDS,	MICHAEL E			81	Name					
341 SENEC/ MAJTLAND F		82 St		Street	Address (P.O. Box Number is Not Acceptable)					
MAILANDE	L 32/51			83				······································		***************************************
				84	City			FL	<b>85</b> Zip	Code
11 Durawal to the pro	visions of Sections 607.05	02 and 607	1500 Florida State	utor the phon	l named	Corporation submits	this statement for the	purpose of	changing	ite registere
office or registered agent. I am familiar	agent, or both, in the State with and accept the ship	e of Florida. gations of 🔏	Such change was Seeling 607 0505 F	authorized b	y the corp	poration's board of c	lirectors. I hereby acce	ept the appo	ointment a	s registered
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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 ampaddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4-21-97

407-647-6640 Daytime Phone #