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FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071477 (9)

1. Corporation Name

CENTRAL FLORIDA VENTURES, INC.

Principal Place of Business

1999 WEST COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

1999 WEST COLONIAL DRIVE
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3404866

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name CURTIS E. BIRKINBINE

82 Street Address (P.O. Box Number is Not Acceptable)

1999 W. COLONIAL DR

83

84 City ORLANDO

FL

85 Zip Code 32804

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

4/10/98

OFFICERS AND DIRECTORS

12. DP
NAME KRIBS, W.R.
STREET ADDRESS 1999 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804

13. DST
NAME BIRKINBINE, CURTIS E
STREET ADDRESS 1999 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804

14. NAME
STREET ADDRESS
CITY-ST-ZIP

15. NAME
STREET ADDRESS
CITY-ST-ZIP

16. NAME
STREET ADDRESS
CITY-ST-ZIP

17. NAME
STREET ADDRESS
CITY-ST-ZIP

18. NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

4/10/98

CR2E034 (10/97)