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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095455 (7)

RF HOLDINGS CENTRAL FLORIDA, INC.

Principal Plac	e of Business	Mailing Address		I HUNCAUS IN JULIU BILLI MUSICULULI SELIE	BRISE IBIBI BIRIL O'RAL BILBY TRIS (AR)
	DRANGE AVENUE	255 SOUTH ORANGE	AVENUE		
SUITE 1700 CRLANDO FL	22001	Suite 1700 Orlando FL 32801		DO NOT WRITE II	N THIS SPACE
Chbando FC	02001	ORLANDO PL 32001		3. Date Incorporated or Qualified	
				11/18/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3417313	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	**************************************	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25 g. Name and Address of Curr	29	30	Personal Property Tax due June 3	
FIC		ent negistered Agent	81 Name	10. Name and Address of New Regi	stereu Agent
	HER, JEAN M S SOUTH ORANGE AVENUE				
	TE 1700		82 Street A	ddress (P.O. Box Number is Not Acceptable)
	LANDO FL 32801		83		
	E-1100 E 0200				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the above-named o	corporation submits this statement for the pur	pose of changing its registered
agent, I a	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change wa igations of, Section 607.0505	es authorized by the corp. Florida Statutes.	orporation submits this statement for the pur pration's board of directors. I hereby accept	the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a	agent and title if applicable. (f IND DIRECTORS	NOTE. Registered Agent signature r		DATE
12.	S OFFICERS A	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	FISHER, JEAN M		1.2 NAME		
STREET ADDRESS	255 S ORANGE AVE STE 17	700	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE		I DELETE			
NAME		☐ DELETE	2.1 TITLE		Change Addition
STREET ADDRESS		[_] Delt it	2.1 TITLE 2.2 NAME		Change Addition
nuccinences		Deter			☐ Change ☐ Addition
CITY-ST-ZIP			2.2 NAME		
		DELETE	2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
CITY - ST - ZIP TITLE			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELÉTE	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		☐ Change ☐ Addition
CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP 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		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELÉTE	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		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELÉTE	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		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	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		☐ Change ☐ Addition ☐ Change ☐ Addition ☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELÉTE	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		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETE	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		Change Addition : Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	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		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)(1), 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 chapter 607, or on an attachment with an address?

6.2 NAME 6.3 STREET ADDRESS

CICMATUDE.

NAME

STREET ADDRESS

(407) 843-7860

FILED

Jan 30 1998 8:00am

Secretary of State