

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90040 002 \*\*\*150.00

DOCUMENT # P97000014411

1. Corporation Name

CENTRAL ORLANDO REFURB ENTERPRISES, INC.

Principal Place of Business

3940 CEDAR WAXWING AVENUE  
ORLANDO FL 32822

Mailing Address

3940 CEDAR WAXWING AVENUE  
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

59-3417719

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14115 Country Estate Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 14115 Country Estate Dr.  
Suite, Apt. #, etc.

City & State

23 Winter Garden FL

Zip Country

24 34787 25 USA

City & State

28 Winter Garden FL

Zip Country

29 34787 30 USA

9. Name and Address of Current Registered Agent

SMITH, STEVEN  
3940 CEDAR WAXWING AVENUE  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name Steven Smith

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

14115 Country Estate Dr.

83

84 City Winter Garden

FL

85 Zip Code 34787

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]*

(NOTE: Registered Agent signature required when reinstating)

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PANDOLFO, ANTHONY  
STREET ADDRESS 3940 CEDAR WAXWING AVENUE  
CITY-ST-ZIP ORLANDO FL 32822 ☒ DELETE

TITLE VD  
NAME MISNER, RUSSELL  
STREET ADDRESS 1179-A S PARK AVE  
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ DELETE

TITLE STD  
NAME SMITH, STEVEN  
STREET ADDRESS 5116 CONROY RD APT 428  
CITY-ST-ZIP ORLANDO FL 32811 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Steven Smith  
1.3 STREET ADDRESS 14115 Country Estate Dr.  
1.4 CITY-ST-ZIP Winter Garden, FL 34787

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Mary Yodice  
2.3 STREET ADDRESS 14115 Country Estate Dr.  
2.4 CITY-ST-ZIP Winter Garden, FL 34787

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

407-857-4507

Daytime Phone #

CR2E034 (11/98)