

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000028196 (8)**

1. Corporation Name

**CENTRAL FLORIDA DISCOUNT ATTRACTION SHOP, INC.**



Principal Place of Business

**1948 EAST OSCEOLA PARKWAY  
KISSIMMEE FL 34743**

Mailing Address

**1948 EAST OSCEOLA PARKWAY  
KISSIMMEE FL 34743**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 <b>3905 O'Berry Road</b>		59-3436437		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28 <b>Kissimmee, FL</b>		29 <b>34746</b>		30 <b>USA</b>	
Zip		Country		25		29	
24		25		29		30	

9. Name and Address of Current Registered Agent

**MOSS, LORRAINE S  
1948 EAST OSCEOLA PARKWAY  
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

81 Name	<b>Richard McFalls</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3905 O'Berry Rd</b>
83 City	<b>Kissimmee</b>
84 State	<b>FL</b>
85 Zip Code	<b>34746</b>

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]*

**4/10/98**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOSS, LORRAINE</b>			1.2 NAME			
STREET ADDRESS	<b>1948 EAST OSCEOLA PARKWAY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>McFALLS, MACHELLE M</b>			2.2 NAME			
STREET ADDRESS	<b>1948 EAST OSCEOLA PARKWAY</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	<b>Richard McFalls</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>3905 O'Berry Rd</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>Kissimmee FL 34746</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	<b>David Moss</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>1948 East Osceola Parkway</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

*[Signature]*

**Richard McFalls**

**4/10/98**

**(407) 931-4392**

CR2E034 (10/97)