05-01-1999 90072 049 ***150.00

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

DOCUMENT # P97000042720

1. Corporation Name

CENTRAL ALITO INC

OCIVITIA	L AUTO, ING.				
Principal Place of Business Mailing Address					(INTELLAD); 116 CALLY COME AND AND ADDITION OF THE LABOR LINE AND ADDITION OF THE LABOR LINE AND ADDITION OF THE LABOR.
1015 N CENTRAL AVENUE KISSIMMEE FL 34741		1015 N CENTRAL AVENUE KISSIMMEE FL 34741 US			DO.NOT.WRITE.IN.THIS SPACE
US					3. Date Incorporated or Qualifed
					05/14/1997
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3445690 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 PART 1 PART 1		27			5. Certificate of Status Desired Fee Required
City & State		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 the current year Intangible
24	25	293	30		Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Registered Agent
0.40	VO. ID DODEDT		81	Name	ne
PARKS, JR ROBERT			82	Street	et Address (P.O. Box Number is Not Acceptable)
1015 N CENTRAL AVENUE				<u></u>	
KISS	IIMMEE FL 34741		83		
	·		84	City	FL 85 Zip Code
11 Dureupat	to the provisions of Sections 607.050	22 and 607 1508. Florida Statutes	the abov	e-ñamed	ed compration submits this statement for the purpose of changing its registered
office or o	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized by	the come	progration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				nt signature r	rre required when reinstating) DATE ACCUTACION COLLANGES TO OSSICEDO AND DIDESTORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DECE 16	1.1 TITLE		Change (1) Autilion
NAME	CHACE, JAMES M		1.2 NAME		
STREET ADDRESS	918 DERBYSHIRE DRIVE			TADDRESS	SS
CITY-\$T-ZIP	KISSIMMEE FL 34758		1,4 CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE	D serve in context	☐ DELETE	2.1 TITLE		Change
NAME	PARKS, JR ROBERT		2.2 NAME		
STREET ADDRESS	1940 CATTLEYA DRIVE		2.3 STREE	T ADDRESS	iss
CITY-ST-ZIP	KISSIMMEE FL 34741	□ pciere	2. 4 CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE		Change [] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	iss .
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	(A.1)		4.3 STREE	TADDRESS	ss
CITY-ST-ZIP :	on About		4.4 CITY-5	T- ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	SSS
CITY-ST-ZIP, ('	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.4 CITY-5	ST-ZIP	
TITLE	,	DELETE	6.1 TITLE		☐ Change ☐ Addition
MANE	I		6.2 NAME		1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS