

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048767 (2)

1. Corporation Name
CENTRAL SUBURBAN, INC.



Principal Place of Business 1815 MARINER DRIVE, #184 TARPON SPRINGS FL 34689	Mailing Address 1815 MARINER DRIVE, #184 TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 563 BAYWOOD DRIVE S. Suite, Apt. #, etc.		2a. Mailing Address 26 563 BAYWOOD DRIVE SOUTH Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/02/1997	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	23 City & State DUNEDIN FL 34698	27	28 City & State DUNEDIN FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 34698	25 Country USA	29 Zip 34698	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690				10. Name and Address of New Registered Agent			
				81 Name MENKVELD JOHN A			
				82 Street Address (P.O. Box Number is Not Acceptable) 563 BAYWOOD DRIVE SOUTH			
				83 1			
				84 City DUNEDIN	85 Zip Code FL 34698		

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 *John A Menkvel* **JOHN A MENKVELD** DATE **4-23-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENKVELD, JOHN A		1.2 NAME MENKVELD JOHN A	
STREET ADDRESS 1815 MARINER DRIVE, #184		1.3 STREET ADDRESS 563 BAYWOOD DRIVE SOUTH	
CITY-ST-ZIP TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP DUNEDIN FL 34698	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENKVELD, BETTY J		2.2 NAME MENKVELD BETTY J.	
STREET ADDRESS 1815 MARINER DRIVE, #184		2.3 STREET ADDRESS 563 BAYWOOD DRIVE SOUTH	
CITY-ST-ZIP TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP DUNEDIN FL 34698	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 *John A Menkvel* **JOHN A. MENKVELD - PRES** DATE **4-23-98**
813-733-7063

CF2E034 (10/97)