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

PROFIT CORPORATION ANNUAL REPORT

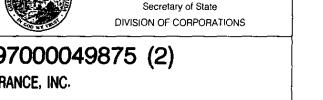


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998

DOCUMENT # P97000049875 (2)



FILED Feb 23, 1998 8:00 am Secretary of State

1. Corporation Name CENTRAL FLORIDA INSURANCE, INC.											
CENTRA	AL FLOM	ida ingunanu	E, INC.					I (ABINGE) 128 1881: 28812 88111 BONG BEING BONG BONG BONG BONG	221 (811) (81	åri \$111 1841	
}											
Principal Place of Business Mailing Address								- 1 JOBATOON ISO ESTIT TOOLE BOTT OBSIT CONT. OBSIT MESTE	ent inite tot	FB1 0511 1001	
845 YORK WAY MAITLAND FL 32751 MAITLAND FL 32751 MAITLAND FL 32751											
MAIJEARD PE					• 			DO NOT WRITE IN THIS SPACE			
		-						3. Date Incorporated or Qualified			
Principal Place of Business 2a. Mailing Address								06/01/1997 4. FEI Number		lind C	
21 , ,				26				59-3448516	 	oplied For ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22				27						equired	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country				Zip Cou		ntry		This corporation owes or has paid the current			
24	25 29			30				Personal Property Tax due June 30. 🗘 Yes 🔲 No			
Name and Address of Current Registered Agent						τ.		10. Name and Address of New Registered Age	ent		
WILLIAMS, DARYL B							Name ————				
845 YORK WAY MAITLAND FL 32751				₹			Street Addre	idress (P.O. Box Number is Not Acceptable)			
MAILAND FL 32731					83	1					
					84	$+\epsilon$	City		35 Zip (Code	
						1	•				
office or re	gistered ag	gent, or both, in the S	tate of Florid	da. Such change was a	authorized b	ıy th	amed corpo e corporatio	oration submits this statement for the purpose of ch on's board of directors. I hereby accept the appoin	anging it tment as	s registered registered	
•	n familiar w	ith, and accept the o	bligations of	, Section 607.0505, Fig.	orida Statute	S.					
SIGNATURE _	Signature, typed	or printed name of registere	d agent and title	if applicable. (NOT)	E: Registered Age	ent s	ignature require	d when reinstating) DATE			
12.		OFFICERS	AND DIREC		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE NAME	D w/ii i iak	IS, DARYL B		☐ DELETE	1.1 TITLE		- [Change	☐ Addition	
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NAME				-	5.2 NAME		-	_	-		
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AMERI ADDRESS		* ***	William Cont.				en l				
ST-ZIP					6.3 STREET 6.4 CITY - S						

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 address.

-GNATURE.

Kalles Required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR