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Jun 04 1998 8:00am
Secretary of State

, PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050122

1. Corporation Name

AFB of Central Florida, Inc.

Principal Place of Business	Mailing Address
250 International Pkwy Heathrow, FL 32746	P.O. Box 952311 Lake Mary, FL 32795-2311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/5/97

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: [X] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Carolan, J. P. III 250 Park Ave., South 5th Floor Winter Park, FL 32789	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, Type or Print Name of Person Signing) (If CR2E031, Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Addition
	D Edna Stelnach 250 International Pkwy., Ste. 300 Heathrow, FL 32746		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [X] Addition
			P/VP/Sect/T J.P. Carolan, III 250 Park Ave., South 5th Floor Winter Park, FL 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [X] Addition
			David S. Gergacz/Director P.O. Box 952311 (MAILING) Lake Mary, FL 32795-2311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
			250 PARK AVE, SOUTH 5th Floor WINTER PARK, FL 32789 (STREET)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
			400D0255195 4 -06/08/98--01131--036 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (10/97)

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: J.P. Carolan III J.P. Carolan, III — Date — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR