

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

FILED

**Mar 10 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 # P97000050171 (2)
1. Corporation Name
CENTRAL DOCUMENTATION, INC.



Principal Place of Business: 6565 TAFT STREET #201 HOLLYWOOD FL 33024
Mailing Address: 6565 TAFT STREET #201 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6363 TAFT STREET, 22 SUITE # 311, 23 HOLLYWOOD, FL, 24 33024, 25 USA
2a. Mailing Address: 26 6363 TAFT STREET, 27 SUITE # 311, 28 HOLLYWOOD, FL, 29 33024, 30 USA

3. Date Incorporated or Qualified: 06/05/1997

4. FEI Number: [] Applied For, [x] 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 [] has paid the current year Intangible Personal Property Tax due June 30. [x] Yes [] No

9. Name and Address of Current Registered Agent
DEBRAGA, JOSE
6565 TAFT STREET #201
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name: JOSE DE BRAGA
82 Street Address (P.O. Box Number is Not Acceptable): 6363 TAFT STREET
83 SUITE # 311
84 City: HOLLYWOOD, FL 85 Zip Code: 33024

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DEBRAGA, JOSE	1.1 TITLE	[x] Change [] Addition
NAME	6565 TAFT STREET #201	1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33024	1.3 STREET ADDRESS	6363 Taft St., Ste. 311
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D JOHNSON, BRENDA	2.1 TITLE	[x] Change [] Addition
NAME	6565 TAFT STREET #201	2.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33024	2.3 STREET ADDRESS	6363 Taft St., Ste. 311
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LEBLANC, TED	3.1 TITLE	[x] Change [] Addition
NAME	6565 TAFT STREET #201	3.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33024	3.3 STREET ADDRESS	6363 Taft St., Ste. 311
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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: _____ DATE: 1/8/98 0549637770

CR2E034 (10/97)