

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

FILED
May 11 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 # P97000079755 (9)

1. Corporation Name
THE FRM CORPORATION OF CENTRAL FLORIDA INC.

Principal Place of Business
200 N DENNING DR
SUITE 10
WINTER PARK FL 32789-3736

Mailing Address
200 N DENNING DR
SUITE 10
WINTER PARK FL 32789-3736



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---|
| 2. Principal Place of Business 21 9434 DEARMONT AVENUE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip Country 24 32825 25 USA | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | 3. Date Incorporated or Qualified 09/15/1997 4. FEI Number Applied For Not Applicable 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 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 MAYORGA, AUGUST C 200 N DENNING DR SUITE 10 WINTER PARK FL 32789-3736 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|---|--|

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|----------------------|---|------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | SECRETARY |
| NAME | CRUZ, MARIA V | 1.2 NAME | CRUZ, MARIA V. |
| STREET ADDRESS | 9434 DEARMONT AVE | 1.3 STREET ADDRESS | 9434 DEARMONT AVENUE |
| CITY-ST-ZIP | ORLANDO FL 32825 | 1.4 CITY-ST-ZIP | ORLANDO, FLORIDA 32825 |
| TITLE | D | 2.1 TITLE | PRESIDENT |
| NAME | ROSALES, FRANCISCO J | 2.2 NAME | CRUZ, FERNANDO |
| STREET ADDRESS | 5200 GARLANGER TRAIL | 2.3 STREET ADDRESS | 9434 DEARMONT AVENUE |
| CITY-ST-ZIP | OVIEDO FL 32765 | 2.4 CITY-ST-ZIP | ORLANDO, FLORIDA 32825 |
| TITLE | D | 3.1 TITLE | |
| NAME | DIAZ, ROSA B | 3.2 NAME | |
| STREET ADDRESS | 9434 DEARMONT AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32825 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | ROSALES, RUTH C | 4.2 NAME | |
| STREET ADDRESS | 5200 GARLANGER TRAIL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDA FL 32765 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: *Maria V Cruz Sec*

4/28/98 (407) 629-8696

CR2E034 (10/97)