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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 29 1998 8:00am

Secretary of State

4/30/92

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P97000093242 (0)

Mailing Address

CENTRAL FLORIDA MARKETING GROUP, INC.

7831 ST. GILES PLACE Orlando fl. 38835		7831 ST. GILES PLACE ORLANDO FL 32835					
	•					DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified 10/30/1997	
2. Principal Pi	ace of Business	2a, Mailing Address				A FEI Number	For
21	•	26				59-3475630 Not Appli	·
Suite, Apt.	W, etc.	Suite, Apt. #, etc.				SR 75 Additio	
22		27				5. Certificate of Status Desired Fee Required	1
City & State		City & State				Election Campaign Financing \$5.00 May E	3e
23		28				Trust Fund Contribution Added to Fee	s
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible	.6
24	[25] 9. Name and Address of Curren	1 Peoletored Agent	30	1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		(Uadistelen Walli		81	Name		
	ONER, JONATHON						
	B1 ST. GILES PLACE			82	Street A	Address (P.O. Box Number is Not Acceptable)	
UN	LAMDO FL 32835			83			
	i.						
				84	City	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Floride Statu	ites the a	hove	-named c	d corneration submits this statement for the nurrouse of changing its regis	stered
office or re	e gister ed agent, or both, in the State in f am iliar with, and accept the obliga	of Florida. Such chan c e was	authorize	id by	the corpo	poration's board of directors. I hereby accept the appointment as registr	ered
SIGNATURE .	Signiflure, lyped or printed name of registered age	nt and title if acroleshie (NO	TF Benislere	d Anei	nt signature n	re required when reinstating) DATE	
12.	OFFICERS AND		13.	o regio	it algulators re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	DELETE	1.11	ITLE	T		Addition
NAME	B RONER, JONATHON		1.2 N	AME	İ		
STREET ADDRESS	7831 ST. GILES PLACE		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	DRLANDO FL 32835		1.4 C	ITY-SI	ZIP		
TITLE	D DELETE			2.† TITLE		☐ Change ☐ A	Addition
NAME	BULLER, DARCIE		2.2 N	AME			
STREET ADDRESS	7831 ST. GILES PLACE		2.3 S	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835		2. 4 CITY - ST - ZIP		r-zie	200 L	
TITLE		DELETE	3.1 TI	3.1 TITLE		Change A	Addition
NAME			3.2 NAME		Ì		
STREET ADDRESS			335	TREET	ADDRESS		
CITY-ST-ZIP	·		3.4. 0	ITY-S	í - ZiP	<u></u>	
TITLE		☐ DELETE	4.1 TITLE			Change A	Addition
NAME			4.21	IAME	- 1		
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		4 <u>.4</u> C	ITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 Ti	5.1 TITLE		☐ Change ☐ A	ddition
NAME]			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET A	ADDRESS		
CITY-ST-ZIP			5.4 C	TY-ST	- 2 IP		
TITLE		DELETE	6.1 71	TLE		Change A	Addition
NAME	į		6.2 N	AME			
STREET ADDRESS	, Frage		6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	15			TY-ST			
14. I hereby co	ertify that the information supplied wi	th this filing does not qualify I	for the exi	empti	on stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform gnature shall have the same legal effect as if made under oath; that I am	nation
officer or o	lirector of the corporation or the rece	iver or trustee empowered to	execute an	u ma this r	i my signa aport as r	gnature snail have the same legal effect as it made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears i	in in
Block 12 c	or Block 13 if changed, or on an attac	chnient with an address.					