SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

(6)

CENTUR	ry 21 C & D Realty, Inc).						
Principal Place of Business Mailing Address						T TOURSDIE THE TABLE BIGGO BOILL BOAR ORAL BIGGO BIGGO	1011 310 11 01011 01011 1001	
923 NORTH BERMUDA AVENUE 923 NORTH BERMUDA AVEN				IIIF		İ		
KISSIMMEE FL 34741 KISSIMMEE FL 34741								
						DO NOT WRITE IN THIS SPA	ACE	
						3. Date incorporated or Qualified		
2. Principal Place of Business 2e. Mailing Address						01/11/1991		
						4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #						59-3045769	Not Applicable	
22 27						5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State City & State						6 51-4-0-0		
23	28						\$5.00 May Be Added to Fees	
Zip			intry		This corporation owes or has paid the current			
24	25	29	30	,		Personal Property Tax due June 30.		
	9. Name and Address of Curre		1001	T		10. Name and Address of New Registered Age		
LAR	SON, LARRY J			81	Name			
408 E. DRURY AVENUE				20	04	/O.O. Doublinghout Made and All De American		
KISSIMMEE FL 34741				82 Street Adde		ddress (P.O. Box Number is Not Acceptable)		
1				83				
				84	City	FL ⁸	5 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the					named corr	poration submits this statement for the purpose of changi	ng its registered	
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.								
1	an tanina win, and accept the obi	gations of, section 007,0000, Fit	Jilda Stat	.นเษร				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title If applicable. (No	OTE: Registe	red Ag	jent signature r	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	PD	DELETE 1.1 TI		ΓLE			Change Addition	
NAME			1,2 NA	1,2 NAME			•	
STREET ADDRESS	100 0. 01.011. 1110.100		1.3 \$7	1.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CI	TY-ST-	ZIP			
TITLE	DELETE 2.1T		2.1 1(1	2.1 TITLE Change Addition				
NAME			2.2 NA	2.2 NAME			• –	
STREET ADDRESS	408 E. DRURY AVENUE		2 3 51		ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP		ΖIP			
TITLE	DELETE 3.1		3.1 TIT	3.1 TITLE			Change Addition	
NAME	3.2 N		3.2 NA	ME	1	- 		
STREET ADDRESS			3.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			3.4 CH	3.4 CITY-ST-ZIP				
TITLE	DELETE 4.1 T		4.1 TIT	LE			Change Addition	
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STF	REETA	ADDRESS		i	
CITY-ST-ZIP	4.4 C/1		Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-2		ZIP			
TITLE		DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NA	ME		,		
STREET ADDRESS			6.3 STF	REETA	DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-2	ZIP			

14. I hereby certify that the information supplied with this filing does not profify 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 a courage 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 a stechment with an address.

FILED

Aug 27 1998 8:00am

Secretary of State