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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S61955 (8)

1. Corporation Name

CENTRAL FLORIDA INVESTMENT GROUP, INC.

Principal Place of Business

715 ROCKINGHAM AVENUE
TAVARES FL 32778

Mailing Address

715 ROCKINGHAM AVENUE
TAVARES FL 32778



3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSON, JOSEPH E.
925 E. 9TH AVE.
MT DORA FL 32757

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, typed or printed name of registered agent and firm if applicable

(If not L. Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME P
STREET ADDRESS COUGHLIN, TIM P.
CITY-ST-ZIP 715 N. ROCKINGHAM AVE.
TAVARES FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME V
STREET ADDRESS RUFF, TIMOTHY J.
CITY-ST-ZIP 1403 N. CRYSTAL CRT.
TAVARES FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS COUGHLIN, DENNIS
CITY-ST-ZIP 303 IONTHE ST.
TAVARES FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS HANSON, JOE
CITY-ST-ZIP 5555 ROUNDLAKE RD.
APOPKA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS ROBINSON, DENNIS
CITY-ST-ZIP 719 SCENIC DR.
LEESBURG FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(352) 753-6251

CR2E034 (12/95)