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

PROFIT CORPORATION





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(2)

CENT	ial flurida fluric dui	LUERO, INC.									
Principal Plac	e of Business	Mailing Ad	idress			-		(1881) <u>11481 1881 1818 1818 18</u>		II OTBIL DIDAFI	BIOK BIDN 1401
0408 RAVEN DELL ST 9408 RAVEN DELL ST											
ORLANDO F		ORLANDO FL 32825					DO NOT WRITE	IN THIS	SPACE		
							3.	Date Incorporated or Qualified			
							•	01/31/1992			
2. Principal P	lace of Business	2a. Mailing	Address				4.	FEI Number		T 1/	Applied For
21		26	26					59-3169850		-	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1			 _	Additional
22		27	27				5.	Certificate of Status Desired	Ш		Required
City & State			City & State				6.	Election Campaign Financing	*****	\$5.0	O May Be
23		28	28					Trust Fund Contribution			d to Fees
Zip	Country	Country Zip		Cour	Country			This corporation owes or has pa	aid the cu	rrent year I	Intangible
24	25	25 29 30		30			Personal Property Tax due June 30. Yes No			□ No	
	9. Name and Address of Cur	rent Registered Aç	gent		,		10.	Name and Address of New Re	gistered	Agent	
	XON, KENNETH L.			[1	B1	Name					
9408 RAVEN DELL ST				- -	82	Street Addre	ss (P	P.O. Box Number is Not Acceptal	ole)	-	
OF	RLANDO FL 32825										
					84	City				85 Zir	n Code
									<u>FL</u>	. ` `	
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the St)502 and 607.1508, ato of Etorida, Such	Florida Statut	tes, the ab	ove by	-named corporation	ralio m's t	in submits this statement for the popular	ourpose o	f changing	its registered
agent. I a	m familiar with, and accept the ob	ligations of, Section	607.0505, FI	orida Statu	ites.	·	// , G L	sourd of directors. Thoroby door	in the tapp	Oli ili ili ili ili ili	is registered
SIGNATURE											
	Signature, typed or printed name of registered		c (NO1		Ager	nt signature required		· · · · · · · · · · · · · · · · · · ·	DATE		
12.	DI TICERS	AND DIRECTORS	DELETE	13. 1.1 TITU	-			ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	
	DIXON, KENNETH L.	•	DECEME							Change	
NAME AXDEET ADDRESS	9408 RAVEN DELL ST.		1.2 N			*00000					
ODI ANDO PI					1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	ONDANDO PE		DELETE	1.4 CITY 2.1 TITL		· ZIP				Change	Addition
NAME		'		2.7 NAA						briange	, LI Addition
STREET ADDRESS						ADDRESS					
 											
CITY-ST-ZIP TITLE			DELETE	2. 4 CIT 3.1 THL		1-217				Change	Addition
NAME		•		3 2 NAN							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				3 4. CIT							
TITLE			DELETE	4.1 TITL) - ZII				Change	Addition
NAME				4. 2 NA						•	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CITY							
TITLE			DELETE	5.1 TITL		- 211	—			Change	Addition
NAME		•	•	5.2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETÉ	6.1 TITL		- <u></u>				Change	Addition
NAME		`		6.2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CITY							
	ertify that the information supplied	with this filing does	s not qualify fo				ectio	on 119 07(3Vi) Florida Statutes I	further co	rtify that th	e information

I nereby 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 supplierental 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 roceiver 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, at on an attachment with an address.

FILED

Feb 13 1998 8:00am

Secretary of State