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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31307

(4)

Mailing Address

CENTRAL FLORIDA CONSTRUCTION & DEVELOPMENT CORP. (CFCD)

P.O. BOX 566245 ORLANDO FL 32656 US		P.O. BOX 568245 Orlando Fl. 32856-8245 US						
					 Date Incorporated or Qualified 04/24/1992 	3a. Date 04/30		leport
2. Principal P	tace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	1		pplied For
21		26	26		59-3116741			ot Applicable
S⊎te, Apt. #, etc		Suite, Apt. #, etc.					Additional	
22		27		5. Certificate of Status Desired			equired	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Country		8. This corporation has liability for in	ntangible ta	x under s	. 199.032,
24	25	29	30			Yes 🔲		
	Name and Address of Current	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
SHA	w, pamela n.		81	Name				
675 W MICHIGAN ST			82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
ORL	ANDO FL 32806		[0.000	area (received that the track to option	,		
			83					
			84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was eations of, Section 607.0505, F	ites, the above authorized by lorida Statute	e-named cor the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urnose of ch	langing it	ls registered registered
SIGNATURE	Signature, typed or portropy area of registered age	ent and tille if approable (NO	TE Registered Age	ont signature requ	uired when reinstating)	DATE	·····	
12,	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	3S IN 12
Tiflef	٧	DELETE	1.1 TITLE	<u> </u>			Change	Addition
NAME	LIDDELL, THOMAS	OMAS 1.		1				
STREET ADDRESS	11020 OLEANDER DRIVE		1.3 STREET	ADDRESS				i
CHY-ST-ZIP	CLERMONT FL		1.4 DITY-ST-ZIP					
TITLE	ST	DELETE	2.1 TITLE	-			Change	Addition
NAME	SHAW, PAMELA N.		2.2 NAME				•	
STREET ADDRESS	2901 S. OSCEOLA ST.		2.3 STREET	ADDRESS				
City-St-ZIF	ORLANDO FL		2. 4 CITY-		•			
THE			3.1 TITLE				Change	Addition
NAME	DE PROPERTO DE ANTONIO		3.2 NAME					
STEEL LADORESS	ANALO OLIMBATOLINI ALENDIE		3.3 STREET	ADDRESS				
CiTY+ST-2IP	ORLANDO FL		3.4. CITY-					
TITLE	VD	DELETE	4.1 TITLE	// <u>L</u> !!	***************************************	Г	Change	Addition
NAME	HOOKER, DOUGLAS P.		4. 2 NAME			•		
STEEFT ADORESS	5511 HANSEL AVE		4.3 STREET	ANDRESS	•			
CHY-S1-7IP	ORLANDO FL		4.4 CITY - S	1				
THLE	0111110011	DELETE	5.1 TITLE	1- ZIF		· · ·	Change	Addition
NAME		bound or con the	5.2 NAME				, J. S. Igo	(۱۵۵۱۱۰۰۱ بـــ
STREET ADDRESS			5.3 STREET	ADDRESS				
CiTY-S1-ZiP Ti*LE		DELETE	54 CITY-S 61 TITLE	1-614			Change	Addition
NAME		FT perrit		ľ		L	Unange	Modition
STREET ADDRESS			6.2 NAME	1000000				
era er en			63 STREET	ADDHESS				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

The barry's dealing that the information supplies which has him globes for quality or the exemption stated in section 1.13-07(3)(), Florida Statutes, and that make 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

W Pamela N. Shaw 2-25-97 (407)426-8252