FIL	E NOW: FILI	NG FEE A	FTER MAY 1 I	S \$2 5.00		
PROFIT CORPORATION			FLORIDA DEPARTMENT F STATE Sandra B. Morth?			
ANNUAL REPORT 1996			Secretary of Sta DIVISION OF CORPOR TIONS			
DOCU 1. Corporatio	MENT #	V35060	3 (9)			
1		NCEPTS OF	CENTRAL FLORIDA	I, INC.		BIIBD IIII BIBN BIBN BIBN BIBN BIBN BIBN
Principal Place of Business Mailing Address						
2064 ROCKY HILL DR. DELTONA FL 32738			2064 ROCKY HILL D DELTONA FL 32738	R.		
2 Principal D	toon of Dusiness				3. Date Incorporated or Qualified 05/07/1992	3a. Date of Last Report 04/06/1995
2. Principal Place of Business 215883 5. SYWAN LAKE JR. Suite, Apt. #. etc.			2a. Mailing Address 26		4. FEI Number 59-3132661	Applied For Not Applicable
22 Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 SANFORD, FLORIDA			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32777	25 SF/	indre:	Zip 29	30	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s 199,032,
	9. Name and Addre	ss of Current He	gistered Agent	11 Name	10. Name and Address of New R	egistered Agent
	NE, MICHAEL J. ROCKY HILL DRIVE			\$2 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
	ONA FL 32738			83		
				84 City		FL 85 Zip Code
or register familiar wit	io the provisions of Secti ed agent, or both, in the th, and accept the obliga	ons 607.0502 and State of Florida, S tions of, Section 6	607.1508, Florida Statutes uch change was authorize: 07.0505, Florida Statutes	s, the a ^{re-named} corpora b by th ^{orporation} 's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	xose of changing its registered office intment as registered agent. I am
SIGNATURE	Signature, typed or printed name			Agent signature required		DATE
12 .		FFICERS AND DIF		1	ADDITIONS/CHANGES TO OFFIC	
NAME	PICONE, MICHA	NEL J.	L.J DELETE	1.ME		CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZIP	2064 ROCKY H DELTONA FL	ILL DR		1 EET ADORESS		
TITLE	D		DELETE	2 I F		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	LANG, WILLIAM 843 N. JERICO CASSELBERRY	DR.		2 1E ET ADDRESS		
TITLE	OAGGELBERRY	<u></u>	DFLETE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Change Addition
NAME STREET ADDRESS				EET ADDRESS		
CITY-ST-7IP		**************************************		r-ST-ZIP		
TITLE NAME			DELETE	JLF ME		Change Addition
STREET ADDRESS				¿SEET ADDRESS		
CITY-ST-ZIP TITLE			FT DELETE	Y-ST-ZIP		
NAME			DELETE	ME		Change Addition
STREET ADDRESS				BEET ADDRESS		
CITY-ST-ZIP TITLE			DELF1E	Y-ST-ZIP		
NAMé			L. Deer IL	VE		☐ Change ☐ Addition
STREET ADDRESS				EET AODRESS		
14. I do hereby	certify that the informati	on supplied with th	iis filing is voluntarily furnish	ec true and accurate	the exemption stated in Section 119.07(cand that my signalules shall have the san	3)(k), Florida Statutos I fueban
oath; that I	tite information indicated	on this annual reg	ort or supplemental annua or thoseceiver or trustee o	in to execute this re	and that my signature shall have the san aport as required by Chapter 607, Florida	ne legal effect as if made under 3 Statutes; and that my name
SIGNATI	<i> </i>	charl	Lisma!). 	4/20/01	
JIGIVAT	SIGNATURE	AND TYPED OR PRINT	O NAME OF SIGNING OFFICER	DR P	/ Jost Tb	Deytime Phone #