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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortifam Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 513020

(8)

	(C

	CENTRE INTERNATIONAL, IN	Mailing Address 9574 HARDING AVE SURFSIDE FL 33154-250	2		
				3. Date Incorporated or Qualified 08/19/1976	3a. Date of Last Report 08/09/1996
2. Principal f	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1696246	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7 p	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
6 24	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
957	INCÓ, CAROL 4 HARDING AVE RFSIDE FL 33154		B2 Street Ad	ddress (P.O. Box Number is Not Acceptat	
I			84 City		FL 85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent. both in the State of am familiar with and accept the obligations of registered agent.		utes, the above-named c s authorized by the corpo Florida Statutes.	orporation submits this statement for the paration's board of directors. I hereby acceptions when reinstating	purpose of changing its registered of the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD CARDO	DELEJE	1.4 TITLE	PST	* Change Addition
NAME	EVANCO, CAROL		1.2 NAME	- -	\
STREET ADDRESS	9940 COLLINS AVE BAL HARBOUR FL		1.3 STREET AUDRESS	22156	
CITY-ST-ZIP	BAL HANDOON FL	Decress.	1.4 CITY - ST - ZIP	33154 VP -D	O CONTROL OF THE PROPERTY OF T
TITLE	S	☐ DELETE	2.1 THLE	•	Change XX Addilion
NAME Street address	•	• •	2.2 NAME 2.3 STREET ADDRESS	Marie Underhill 1288 Broadbridge	· · · · · · · · · · · · · · · · · · ·
TITLE	-	DELETE	2. 4 CITY+ S1 - ZIP 3.1 TITLE	Stratford, CT 0	06.497 ☐ Change xix Addition
NAME		DECEME	3.2 NAME	•	unango
STREET ADDRESS		• •	3.3 STREET ADDRESS	John Evancko P. O. Box 11512	NIA
CITY-ST-ZIP			3.4. CITY-S1-ZIP		39111
TITLE		DELETE	4 1 TITLE	D	Change Addition
NAME			4. 2 NAME	Robert Stephens	
STREET ADDRESS			4.3 STREET ADDRESS	1939 W. Flower	
CITY-ST-ZIP			4.4 CITY - ST- ZIP	Phoenix, AR 8501	. 5
TITLE		☐ DELETE	5.1 1ITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T 50.00	5.4 CITY - ST - ZIP		
TITLE	•	DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
			i i		
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS		

I do make year that the information supplied with this hilling does not qualify the exemption stated in section (19.07.5)(i), rionida Statutes. I further cetting that the information indicated on this annual report or supplemental annual report accurate and that my signature shall have the same legal effect as if made undor oath; that I am an officer or director of the corporation or the receiver or trusted 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 anarchment with an address.

FILED

Jun 06 1997 8:00am

Secretary of State