

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 3:26

DOCUMENT # P97000059209

1. Corporation Name
CENTREPOND FLORIDA, INC.

Principal Place of Business
**2401 PGA BLVD. STE-280
SUITE 280
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**2401 PGA BLVD. STE-280
SUITE 280
PALM BEACH GARDENS FL 33410
US**

FEI Number
Not Applied For



SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
1		2b		APPLIED FOR 65-0913548		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		28					
Zip Country		Zip Country					
25 29		30					

9. Name and Address of Current Registered Agent
**BARKDULL, JAYNE R
1400 CENTREPARK BLVD. STE. 1400
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name **David J. Wiener**
82 Street Address (P.O. Box Number is Not Acceptable) **2401 PGA Boulevard**
83 **Suite 280**
84 City **Palm Beach Gardens** 85 Zip Code **FL 33410**

I, the undersigned, 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]* **2-9-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, JOHN W	1.2 NAME	
STREET ADDRESS	2401 PGA BLVD, #280	1.3 STREET ADDRESS	700002942387--
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-STATE-ZIP	-07/27/99--01027--008
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ROBERT S	2.2 NAME	
STREET ADDRESS	2401 PGA BLVD, #280	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	COHEN, PETER F.
STREET ADDRESS		3.3 STREET ADDRESS	2851 JOHN STREET, SUITE ONE
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	MARKHAM, ONTARIO, CANADA L3R5R7
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DVPAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	BERNICK, LARRY
STREET ADDRESS		4.3 STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **2-9-99** 561-624-9500