

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000062838 (4)**

1. Corporation Name

CENTER C MULTIMEDIA CORPORATION



Principal Place of Business

2361 GOLF BROOK DRIVE
WEST PALM BEACH FL 33414

Mailing Address

2361 GOLF BROOK DRIVE
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2615 LANTANA RD

26 2615 LANTANA RD

4. FET Number

65-0605672

Applied For
Not Applicable

22 Suite, Apt. #, etc.

BOX C

27 Suite, Apt. #, etc.

BOX C

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

LANTANA FL

28 City & State

LANTANA, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

USA

29 Zip

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HANNESSON, JON-PAUL
2361 GOLF BROOK DRIVE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. 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 agent 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 of person or persons designated as agent or agents

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S. VP	<input type="checkbox"/> DELETE
NAME	HANNESSON, JON-PAUL	
STREET ADDRESS	2361 GOLF BROOK DRIVE	
CITY-STATE-ZIP	WEST PALM BEACH FL 33414	
TITLE	P. VIDAS, PATRICK	<input type="checkbox"/> DELETE
NAME	VIDAS, PATRICK	
STREET ADDRESS	7720 GROVEWOOD DR.	
CITY-STATE-ZIP	LAKE WORTH, FL 33467	
TITLE	V.P.T.	<input type="checkbox"/> DELETE
NAME	VIDAS, TIMOTHY	
STREET ADDRESS	5317 GINGERWAY	
CITY-STATE-ZIP	LAKE WORTH, FL 33463	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	GAFFNEY, ROBERT	
STREET ADDRESS	2361 GOLF BROOK DR.	
CITY-STATE-ZIP	W. PALM BEACH, FL 33414	
TITLE	P.	<input type="checkbox"/> DELETE
NAME	DEANGELIS, JAMES	
STREET ADDRESS	2361 GOLF BROOK DR.	
CITY-STATE-ZIP	W. PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jon Paul Hannesson JON PAUL HANNESSON

2-12-96

(407) 790-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (12/95)