

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 10 PM 11:38

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 835938 (2)

1. Corporation Name
CENTRICO INC.

Principal Place of Business
**100 FAIRWAY COURT
NORTHVALE, N. J. 07647**

Mailing Address
**100 FAIRWAY COURT
NORTHVALE, N. J. 07647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1976		3a. Date of Last Report 07/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-1535190		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRAMPE, FRED 380 SIXTH ST SW WINTER HAVEN FL 33880				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUELLER-HABIG, MICHAEL			1.2 NAME	Schenk, Peter		
STREET ADDRESS	100 FAIRWAY COURT			1.3 STREET ADDRESS	100 Fairway Court		
CITY-ST-ZIP	NORTHVALE NJ			1.4 CITY-ST-ZIP	Northvale, NJ 07647		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUB ESQ, JAMES			2.2 NAME	Lehmann, Hanno		
STREET ADDRESS	100 FAIRWAY COURT			2.3 STREET ADDRESS	100 Fairway Court		
CITY-ST-ZIP	NORTHVALE NJ			2.4 CITY-ST-ZIP	Northvale, NJ 07647		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEHMANN, HANNO			3.2 NAME	Hagan, Robert		
STREET ADDRESS	100 FAIRWAY COURT			3.3 STREET ADDRESS	100 Fairway Court		
CITY-ST-ZIP	NORTHVALE NJ			3.4 CITY-ST-ZIP	Northvale, NJ 07647		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OLE, ANDERSON			4.2 NAME	Middlemann, Herman		
STREET ADDRESS	100 FAIRWAY COURT			4.3 STREET ADDRESS	100 Fairway Court		
CITY-ST-ZIP	NORTHVALE NJ			4.4 CITY-ST-ZIP	Northvale, NJ 07647		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAMFORT, HENIZ DR.			5.2 NAME	Controller		
STREET ADDRESS	100 FAIRWAY COURT			5.3 STREET ADDRESS	Iozzia, Joseph		
CITY-ST-ZIP	NORTHVALE NJ			5.4 CITY-ST-ZIP	100 fairway Court Northvale, NJ 07647		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	\$550.00 BANK		
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____

CR2E034 (4/97)