| FILE NOW:<br>PROFIT<br>CORPORATION<br>ANNUAL REP<br>1998  |   | AFTER                                     | FLORIDA DEP<br>Sandra<br>Secre  | IS \$550.00<br>ARTMENT OF STATE<br>B. Mortham<br>Lary of State<br>CORPORATIONS  | Apr 16  | ILED<br>1998 8:0<br>ary of S  |   |
|---|---|---|---|---|---|---|---|
| DOCUMENT<br>1. Corporation Name<br>CENTURY ENTE   |   | 20  | (6)   |   |   | AN ANN TINT AT A AND AND  |   |
| Principal Place of Busines<br>* ERIC K. BLAU  | 8   | 96  | ling Address<br>ERIC K. BLAU  |   |   |   |   |
| 3569 S OCEAN BLVD.<br>Palm Beach Fl 33480   |   | 3589 S OCEAN BLVD.<br>Palm Beach Fl 33480 |   |   | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1074               |   |   |
| 2, Principal Place of Busin   | ness  | 2a. M                                     | Mailing Address   |   | 07/31/1974<br>4. FEI Number   |   | oplied For  |
| 1   |   | 26  |   |   | 59-1631457  |   | ot Applicab                                       |
| Suite, Apt. #, etc.   |   |   | Suite, Apt #, etc.  |   | 5. Certificate of Status Desired  |   | Additional  |
| 2<br>City & State<br>3  | · · · · · · · · · · · · · · · · · · ·   | 27  | City & State  |   | 6. Election Campaign Financing<br>Trust Fund Contribution                             | \$5.00  | equired<br>May Be<br>to Fees                      |
| Zip   | Country   |   | Zip   | Country   | 8. This corporation owes or has p   |   |   |
| 4 0 Name  | and Address of Curr   | 29  | red Acont   | 30  | Personal Property Tax due Jun<br>10. Name and Address of New R                        |   | No  |
| PALM BEACH  | I FL 33480  |   |   | 82 Street Adc<br>83<br>84 City  |   | FL 65 Zip   | Code  |
| <ol> <li>Pursuant to the provision office or registered agagent. I am familiar with signature</li> </ol>  | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl  |   |   | 83<br>84 City<br>utes, the above-named cor<br>authorized by the corpora<br>forida Statutes.   | rporation submits this statement for the<br>ation's board of directors. I hereby acce | purpose of changing i<br>ppt the appointment as   |   |
| 11. Pursuant to the provis<br>office or registered ac<br>agent. I am familiar w<br>SIGNATURE  |   | agent and trie if i                       | app'icable <b>(N</b> C  | 83<br>84 City   |   | PL  <br>purpose of changing i<br>ppt the appointment as   | ts registere<br>registered                        |
| 11. Pursuant to the provis<br>office or registered as<br>agent. I am familiar w<br>SIGNATURE<br>Signature, types<br>12. D   | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl<br>or punted name of registered a<br>OF FICERS A   | agent and trie if i                       | app'icable <b>(N</b> C  | 83       84       City       Juthorized by the corporation of t | vired when reinslating)   | PL  <br>purpose of changing i<br>ppt the appointment as   | ts registere<br>registered                        |
| 11. Pursuant to the provision office or registered agagent. I am familiar with signature types       SIGNATURE       12.       TifLe       D       NUME   | ions of Sections 607.0<br>gent, or both, in the Sta<br>ith, and accept the obl<br>or punted name of registered a<br>OF FICERS A<br>IOSEPH   | agent and trie if i                       | appicable (NG<br>ORS  | 83       84       City       authorized by the corporation of t | vired when reinslating)   | DATE<br>CERS AND DIRECTOR   | ts registere<br>registered                        |
| 11. Pursuant to the provis<br>office or registered ac<br>agent. I am familiar w<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>7 HARC  | ions of Sections 607.00<br>pent, or both, in the Sta<br>ith, and accept the obl<br>for punted name of registered i<br>OF FICERS A<br>OSEPH<br>COURT RD.                                   | agent and trie if i                       | appicable (NG<br>ORS  | 83       84       City       Juthorized by the corporation of t | vired when reinslating)   | DATE<br>CERS AND DIRECTOR   | ts registere<br>registered                        |
| 11. Pursuant to the provis<br>office or registerod ac<br>agent. I am familiar w<br>SIGNATURE<br>12.<br>INTLE D<br>BLAU, J<br>STREET ADORESS 7 HARC<br>CITY-ST-ZIP SCARSI<br>INTLE PST   | ions of Sections 607.00<br>jont, or both, in the Sta<br>ith, and accept the obl<br>for punted name of registered in<br>OF FICERS A<br>OSEPH<br>COURT RD.<br>DALE NY                       | agent and trie if i                       | appicable (NG<br>ORS  | 83       84       City       Jess, the above-named correlation       authorized by the corporation       forida Statutes.       DIE Registered Agent eignature required       13.       1.1 TIFLE       1.2 NAME       1.3 STREET ADDRESS   | vired when reinslating)   | DATE<br>CERS AND DIRECTOR   | ts registered<br>registered<br>RS IN 12           |
| 11. Pursuant to the provision office or registered agagent. I am familiar with signature. types         SIGNATURE         12.         TITLE         D         STREET ADDRESS         CITY-ST-ZIP         SCARSI         TITLE         NAME         BUIE, M         STREET ADDRESS         TITLE         D         STREET ADDRESS         TITLE         PST         NAME         BUIE, M         1925 BF   | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl<br>to punted name of reported a<br>OF FICERS A<br>IOSEPH<br>OURT RD.<br>DALE NY<br>IERRY C.<br>RCKELL AVE. | agent and trie if i                       | anpicabik (NK<br>ORS<br>DELETE  | 83       84       City       Jest the above-named correlation       authorized by the corporation       torida Statutes.  | vired when reinslating)   | DATE<br>CERS AND DIRECTOR   | ts registered<br>registered<br>RS IN 12           |
| 11. Pursuant to the provis<br>office or registered ag<br>agent. I am familiar w<br>SIGNATURE<br>12.<br>11.<br>12.<br>12.<br>13.<br>14.<br>14.<br>15.<br>14.<br>14.<br>15.<br>14.<br>14.<br>14.<br>14.<br>14.<br>14.<br>14.<br>14.<br>14.<br>14  | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl<br>to punted name of reported a<br>OF FICERS A<br>IOSEPH<br>OURT RD.<br>DALE NY<br>IERRY C.<br>RCKELL AVE. | agent and trie if i                       | anpicabik (NK<br>ORS<br>DELETE  | 83       84       City       Jtes, the above-named correlation       authorized by the corporation       forida Statules.   | vired when reinslating)   | DATE<br>CERS AND DIRECTOR   | ts registered<br>registered<br>3S IN 12<br>Addit  |
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| 11. Pursuant to the provis<br>office or registerod ac<br>agent. I am familiar w<br>SIGNATURE<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>11.<br>12.<br>13.<br>14.<br>19.<br>14.<br>19.<br>19.<br>19.<br>19.<br>19.<br>19.<br>19.<br>19.<br>19.<br>19  | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl<br>to punted name of reported a<br>OF FICERS A<br>IOSEPH<br>OURT RD.<br>DALE NY<br>IERRY C.<br>RCKELL AVE. | agent and trie if i                       | ATIPICADIA (NG<br>ORS DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE              | B3       B4       City       Jtes, the above-named correlation       authorized by the corporation       Intrust and the structure requires       13       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4. CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE  | vired when reinslating)   |   | Is registere<br>registered<br>RS IN 12<br>Additi  |
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| 11. Pursuant to the provision office or registered agagent. I am familiar with street address         SIGNATURE         12.         TITLE         D         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         MIAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME  | ions of Sections 607.0<br>jont, or both, in the Sta<br>ith, and accept the obl<br>to punted name of reported a<br>OF FICERS A<br>IOSEPH<br>OURT RD.<br>DALE NY<br>IERRY C.<br>RCKELL AVE. | agent and trie if i                       | ATIPICADIA (NG<br>ORS DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE              | 83       84       City       Jites, the above-named correlationized by the corporation of authorized by the corporation of the second statutes.       Diff. Registered Agent signature requirements       13.       1.1 TITLE       12. NAME       13. STREET ADDRESS       14. CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4. CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       3.4. CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       6.1 TITLE   | vired when reinslating)   |   | Is registere<br>registered<br>RS IN 12<br>Additi  |
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