

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 496169 (4)**  
 1. Corporation Name  
**CENTURION COMPUTER SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**6175 N.W. 167TH STREET #38 MIAMI FL 33015**      **6175 N.W. 167TH STREET #38 MIAMI FL 33015-4339**

3. Date Incorporated or Qualified **01/13/1976**      3a. Date of Last Report **05/01/1996**  
 4. FEI Number **59-1667102**      Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
 21 Suite, Apt. #, etc:      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      Country      28 Zip      Country  
 24      25      29      30

9. Name and Address of Current Registered Agent  
**MITCHELL, JOSEPH W.**  
**6175 N.W. 167 ST. #38**  
**HIALEAH FL 33015**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JOSEPH W.	
STREET ADDRESS	641 NW 108TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MITCHELL, JEFFREY M.	
STREET ADDRESS	9054 SW 147 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MITCHELL, GERALDINE G.	
STREET ADDRESS	641 NW 108TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10891 ANGEL WING DRIVE
2.4 CITY - ST - ZIP	TAMARAC, FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Joseph Mitchell*      **JOSEPH MITCHELL**      2/13/97 (305) 558-3388  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)