


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **496169** (4)
1. Corporation Name
CENTURION COMPUTER SYSTEMS, INC.

Principal Place of Business 6175 N.W. 167TH STREET #38 MIAMI FL 33015	Mailing Address 6175 N.W. 167TH STREET #38 MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/13/1976	
21 1440 CORAL RIDGE DR.		26 1440 CORAL RIDGE DR.		4. FEI Number 59-1667102	
22 #281		27 #281		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CORAL SPRINGS, FL		28 CORAL SPRINGS, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33071		29 BROWARD		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 JEFFREY MITCHELL				82 Street Address (P.O. Box Number is Not Acceptable) 10891 ANGEL WING DRIVE			
83				84 City TAMARAC FL 85 Zip Code 33321			

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  **JEFFREY MITCHELL** 2/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MITCHELL, JOSEPH W.		1.2 NAME				
STREET ADDRESS	641 NW 108TH AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, JEFFREY M.		2.2 NAME				
STREET ADDRESS	10891 ANGEL WING DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, GERALDINE G.		3.2 NAME				
STREET ADDRESS	641 NW 108TH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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				
CITY-ST-ZIP			6.4 CITY-ST-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.

SIGNATURE  **JEFFREY MITCHELL** 2/16/98 594 222 2057

CR2E034 (10/97)