

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90088 047 ***150.00

DOCUMENT # F93000004943

CENTREX RESOURCES CORP.

Principal Place of Business
270 SOUTH SERVICE ROAD
P.O. BOX 888
MELVILLE NY 11747

Mailing Address
270 SOUTH SERVICE ROAD
P.O. BOX 888
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

11/02/1993

4. FEI Number
11-3160992

Applied For
Not Applicable

6. Election Campaign Financing ☐
Trust Fund Contribution

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PASCUCCI, MICHAEL C	
STREET ADDRESS	270 SOUTH SERVICE ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	PASCUCCI, CHRISTOPHER S	
STREET ADDRESS	270 SOUTH SERVICE ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	DANZI, JOHN A	
STREET ADDRESS	270 SOUTH SERVICE ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, MARK A	
STREET ADDRESS	270 SOUTH SERVICE ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
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	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	MacK, John E.		
1.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
1.4 CITY-ST-ZIP	Melville, NY 11747-0699		
2.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Williams, Gary S.		
2.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
2.4 CITY-ST-ZIP	Melville, NY 11747-0699		
3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Lucas, Mary-Ann		
3.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
3.4 CITY-ST-ZIP	Melville, NY 11747-0699		
4.1 TITLE	Asst. S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Rhoads, Lynn L.		
4.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
4.4 CITY-ST-ZIP	Melville, NY 11747-0699		
5.1 TITLE	Asst. S, Asst. T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Witrick, Ellen		
5.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
5.4 CITY-ST-ZIP	Melville, NY 11747-0699		
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Kiser, James W.		
6.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699		
6.4 CITY-ST-ZIP	Melville NY 11747-0699		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99
Date

Daytime Phone #

CR2E034 (11/98)