

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000001894 (3)**

1. Corporation Name
CENTER DESIGNS, INC.



Principal Place of Business: **PO BOX 952798 LAKE MARY FL 32795-2798**
Mailing Address: **PO BOX 952798 LAKE MARY FL 32795-2798**

3. Date Incorporated or Qualified: **04/19/1995** 3a. Date of Last Report
4. FEI Number: **58-2011939** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRUZZINO, WILLIAM
955 SR 434 NORTH, OAK GROVE SHOPPES
ALTAMONTE SPRINGS FL 32714**

81 Name: **William Abruzzino**
82 Street Address (P.O. Box Number is Not Acceptable): **995 State Route 434 North, Suite 204**
83 **Oak Grove Shoppes**
84 City: **Altamonte Springs** FL 85 Zip Code: **32714**

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: *William Abruzzino Sr., Pres*

6/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	ABRUZZINO, WILLIAM	
STREET ADDRESS	4555 SOUTH ATLANTIC AVE., #4406	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ABRUZZINO, REBECCA	
STREET ADDRESS	4555 SOUTH ATLANTIC AVE., #4406	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William Abruzzino	
13 STREET ADDRESS	1050 Edmiston Place	
14 CITY - ST - ZIP	Longwood, FL 32779	
21 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rebecca Abruzzino	
23 STREET ADDRESS	1050 Edmiston Place	
24 CITY - ST - ZIP	Longwood, FL 32779	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *William Abruzzino Sr., Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

(407) 788-9111

CR2E034 (3/96)