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Jan 23 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 # F95000005314 (8)

1. Corporation Name

CENTAUR LEASING COMPANY, INC.



Principal Place of Business

5200 TOWN CENTER CIRCLE, 4TH FLOOR  
BOCA RATON FL 33486

Mailing Address

5200 TOWN CENTER CIRCLE, 4TH FLOOR  
BOCA RATON FL 33486-1015

3. Date Incorporated or Qualified  
10/31/1995

3a. Date of Last Report  
06/18/1996

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

4. FEI Number  
65-0621522

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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  
NAME MANDOR, ROBERT  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SRV  
NAME SHORE, HARVEY  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SRVT  
NAME LEVINE, JOAN  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V  
NAME LEVINE, JOHN  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V  
NAME OTTO, JOSEPH  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MANDOR, LEONARD  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR  
CITY-ST-ZIP BOCA RATON FL 33486

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (561) 394-9533

CR2E034 (9/96)