

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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 150 E. Palmetto Park Rd

2a. Mailing Address

26 150 E. Palmetto Park Rd

Suite, Apt. #, etc.

22 4th Floor

Suite, Apt. #, etc.

27 4th Floor

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

24 Zip 33432

25 Country USA

29 Zip 33432

30 Country USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 PD ☐ DELETE

NAME MANDOR, ROBERT

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

TITLE SRV ☐ DELETE

NAME SHORE, HARVEY

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

TITLE SRVT ☒ DELETE

NAME LEVINE, JOAN

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

TITLE V ☒ DELETE

NAME LEVINE, JOHN

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

TITLE V ☐ DELETE

NAME OTTO, JOSEPH

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME MANDOR, LEONARD

STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR

CITY-ST-ZIP BOCA RATON FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE

1/14/98 (F) 334 9522

CR2E034 (10/97)