FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:23

DOCUMENT # G60434 (9)

1. Corporation Name
CENTCUSO, INC.

Principal Place of Business	Mailing Address
1200 WEBER ST. P.O. BOX 2189 ORLANDO FL 32802	1200 WEBER ST. P.O. BOX 2189 ORLANDO FL 32802

New address effective 2-20-95

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3851 E. Colonial Dr	26 3851 E. Colonial Dr	09/21/1983	03/22/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2482106	☐ Applied For ☐ Not Applicable
City & State 23 Orlando FL	City & State 28 Orlando, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 32803 / 25 Orange	Zip / Country 29 32803 / 30 Orange	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
BARANOWSKI, EDWARD A. 3078 ALAFAYA TRAIL NAVY ORLANDO FED CREDIT UNION ORLANDO FL 32826	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 Edward A. Baranowski DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☑ Change ☐ Addition
NAME	COWANS, A.C.	1.2 NAME		
STREET ADDRESS	1900 MCCOY RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32859	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	COKER, PATRICIA	2.2 NAME		
STREET ADDRESS	206 E. HILLCREST ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32801	
TITLE	DT	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	ASHY, GABY	3.2 NAME	Tomas Powers	
STREET ADDRESS	1200 WEBER ST	3.3 STREET ADDRESS	1200 Weber St	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	DC	4.1 TITLE		☑ Change ☐ Addition
NAME	BARANOWSKI, EDWARD A	4.2 NAME		
STREET ADDRESS	3078 ALAFAYA TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	32826	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roberta V. Heim Roberta V. Heim 1/26/95 407-898-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063642 CP