

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G60434** (9)

1. Corporation Name
CENTCUSO, INC.



Principal Place of Business
**3851 E. COLONIAL DRIVE
ORLANDO FL 32803
US**

Mailing Address
**3851 E. COLONIAL DRIVE
ORLANDO FL 32803
US**

3. Date Incorporated or Qualified
09/21/1983

3a. Date of Last Report
01/31/1995

4. FEI Number
59-2482106

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 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**BARANOWSKI, EDWARD A.
3078 ALAFAYA TRAIL
NAVY ORLANDO FED CREDIT UNION
ORLANDO FL 32826**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3075 N. ALAFAYA TRAIL
83 **FAIRWINDS FED CREDIT UNION**
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 **6-18-96**
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COWANS, A.C.	
STREET ADDRESS	1900 MCCOY RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COKER, PATRICIA	
STREET ADDRESS	206 E. HILLCREST ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	POWERS, THOMAS	
STREET ADDRESS	1200 WEBER ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BARANOWSKI, EDWARD A	
STREET ADDRESS	3078 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 00000	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3075 N. ALAFAYA TRAIL
4.4 CITY-ST-ZIP	32826
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Quinn Cowans President **June 18, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)