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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H07926

CENTRE GROUP PROPERTIES, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90004 008 ***150.00



Principal Plac	e of Business	Mailing Address			- 	RKI DIBIK BABKI DIBIK B	HANN BION INDI
4400 BAYOU BLVD.		4400 BAYOU BLVD.	·				
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PENSAÇOLA FL 32503 US		PENSACOLA FL 32503		DO NOT WRITE IN THIS SPACE			
05		US .			3. Date Incorporated or Qualifed		
2 Principal D	Place of Business	2a. Mailing Address			06/14/1984 4. FEI Number	I An	plied For
21	lace of Dusiness	26			59-2507740		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	I
City & Stat	te ·	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	² Added to	
Zip	Country	Zip	_ Country		8. This corporation owes the current year		_
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
CHA	NLK, WESLEY	,	81	Name			
4400	D RAYOU BLVD.	•	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		max m . dar timma
Suite 35 Pensacola FL 43503			83				
FEN	ISACOLA FL 43303		84	City	7 8 9 9 6 5 5 5 5 6 7 10 2 8 6 8 7 10 2 8 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 85 Zip C	Code
, disc 16 / 105 / 105	9.14				<u>†</u>	<u>'L </u>	,
⊸ office or r	registered agent, or both, in the State	of Florida. Such change was auth	horized by	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	or changing its pointment as reg	registered gistered
- Sagent I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statutes				
SIGNATURE		•			· ·		i
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	Signature, typed or printed name of registered age			nt signature required		AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Ri ND DIRECTORS DELETE	egistered Agen	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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, or or an action of the corporation of the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: