

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

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Mar 06 1997 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H61281** (2)

1. Corporation Name
CENTURY PROFESSIONAL PLAZA, INC.

Principal Place of Business 7410 S. US HWY ONE SUITE 100 PORT ST. LUCIE FL 34952	Mailing Address 7410 S. US HWY ONE SUITE 100 PORT ST. LUCIE FL 34952-1489
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1985	3a. Date of Last Report 04/17/1996
21		26		4. FEI Number 59-2556395	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RODRIGUES, MARIO F. 160 S.E. DUXBURY AVENUE PORT ST. LUCIE FL 34952		81 Name RODRIGUES, ALBANO F. 82 Street Address (P.O. Box Number is Not Acceptable) 83 433 SW Monroe Drive 84 City Port St. Lucie, FL 85 Zip Code 34986	

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: **ALBANO F. RODRIGUES** *Albano F. Rodrigues* **2/20/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, JAIME F.	1.2 NAME	
STREET ADDRESS	160 S.E. DUXBURY AVENUE	1.3 STREET ADDRESS	1720 W Sanderling Lane
CITY - ST - ZIP	PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	Fort Pierce, FL 34982
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, ALBANO F.	2.2 NAME	RODRIGUES, CLELIA DeFERREIRA
STREET ADDRESS	150 S.E. DUXBURY AVENUE	2.3 STREET ADDRESS	170 SE DUXBURY AVENUE
CITY - ST - ZIP	PORT ST. LUCIE FL	2.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34983
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, MARIO F.	3.2 NAME	RODRIGUES, ALBANO F.
STREET ADDRESS	170 S.E. DUXBURY AVENUE	3.3 STREET ADDRESS	433 SW Monroe Drive
CITY - ST - ZIP	PORT ST. LUCIE FL	3.4 CITY - ST - ZIP	Port St. Lucie, FL 34986
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, ADELAIDE C.	4.2 NAME	
STREET ADDRESS	160 S.E. DUXBURY AVENUE	4.3 STREET ADDRESS	1720 W Sanderling Lane
CITY - ST - ZIP	PORT ST. LUCIE FL	4.4 CITY - ST - ZIP	Fort Pierce, FL 34982
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Adelaide C. Rodrigues* **1/18/97** (561) **878-6131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)