

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

FILED
Apr 14 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 # **J19362** (9)
1. Corporation Name
CENTAWORLD CORPORATION



Principal Place of Business
**100 ST CHARLES PLACE
DESTIN FL 32541**

Mailing Address
**100 ST CHARLES PLACE
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1986	
4. FEI Number 59-2699753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**GARDNER, JOHN R.
492 LINKSIDE DRIVE
DESTIN FL 32541**

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

OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD		
NAME	GARDNER, JOHN R.		
STREET ADDRESS	492 LINKSIDE DR.		
CITY-ST-ZIP	DESTIN FL		
TITLE	SD		<input type="checkbox"/> DELETE
NAME	KELLEY, BARBARA J.		
STREET ADDRESS	2102 OLDE TOWNE		
CITY-ST-ZIP	DESTIN FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	TITLE		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
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 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:

Barbara J. Kelley

4/03/98 892-267-2053

CR2E034 (10/97)