FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

L00060 **DOCUMENT #**

(8)

CENTI	RAX 2400 CORPORATION									
Principal Place of 343 TELFOR P. O. BOX 3	D CT 8175	343 P. C	Mailing Adoress 343 TELFORD CT P. O. BOX 3175 SPRING HILL FL 34606-3058				- 1 10811011 9/1 20/1/1 80/1/1 00/1/9 81/1		1 8 1 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	:: =19 11 >18 11 1 -9 1
SPRING FIL	L FL 34606-3058	Srn	ING NILL PC 9400	0-3000			3. Date Incorporated or Qualified 07/05/1989	3a . Da	te of Last Re 04/20/19	
2. Principal Place	ne of Business	2a. Madi 26	2a. Mailing Address 26				4. FEI Number Applied For Not Applicable			
Suite, Apt. #	elc.	Suite 27	Suite Apt #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State		28 City	Oity & State 28				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip 24	Country 25	Zipi 29	30 30		Count y 		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes □ No ■ No			199.032,
	Name and Address of Currer	nt Registered					10. Name and Address of New Registered Agent			
JOSEPHINE E. VAN DINTER						Name	ss (P.O. Box Number is Not Acceptab	lo)		
343 TE	LFORD COURT 6 HILL FL 34606				-	Street Addres	ess (Los Normas is not recognition)			
Of Func	That is oroos			84	+	City		F	85 Zır	Code
or registere familiar with	the provisions of Sections 607.050; diagent, or both, in the State of Florin, and accept the obligations of, Sec	ida. Such char tion 607.0505	ige was authorize , Florida Statutes.	d by the co p	por	med corporation's board	tion submits this statement for the pur of directors. I hereby accept the appointment of the pure state of the pure state of the pure state of the pure state of the pure state.	pose of cointment :	hanging its r as registered	egistered office agent. I am
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12
TITLE	D	127 (77) ((((((((((((((((([] DELETE	1 1 I I I	—	T	7.0517.010.017.10.00.10		Change	Addition
NAME	VANDINTER, RICHARD								_ ,	
STREET ADDRESS	343 TELFORD CT	[] DELETE		E 1.2 NAM 1.3 STHE/T ADDRESS		2018635				
CITY - ST - ZIP	SPRING HILL FL			1.4 CITY ST-ZIP						
TITLE				2 1 7(1)					Change	☐ Add-tion
NAME			_	2.2 NAM	2 NAM					
STREET ADDRESS				2.3 STREE	T AE	DOFESS				
CITY - ST - ZIP				2.4 Cily	SI.	ZIP				
TITLE			☐ DELETE	3 1 Tift:					Change	☐ Addition
NAME				3.2 NAM						
STREET ADDRESS				3.3 STR 1	ET A	NDORESS				
CITY-ST-ZIP				3.4.0111	S1.	ZIP				
THE			DELETE	4 1 T-TLE					Change	Addition
NAME				4.2 NAM						
STREET ADDRESS				4.3 \$186	T AI	DDRESS				
CITY-ST-ZIP				4.4.C.1Y	SI-	7IP				
TITLE			☐ DELETE	5 1 1/11/1					☐ Change	Addition
NAME				5.2 NAMil						
STREET ADDRESS				5.3 STHEE						
CITY - ST - ZIP			בש מנוביי	5 4 CiTy		-7IP			Change	☐ Adddos
TITLE			□ DEFEL	6 1 111.					Change	☐ Add:tion
NAME				6.2 NAM						į
STREET ADDRESS				6.3 STRLET ADDRESS						
CHY-ST-ZIP				5.4 City	-12	- ZIF		02:0 41		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and diles 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 precion of the corporation or the reservoir or trusted empowers it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address

SIGNATURE:

AND THE RICHARD F. VANDINTER

CR2E034 (12/95)