

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

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**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L15353 (0)**  
1. Corporation Name  
**CENTRE CONSTRUCTION, CORP.**



Principal Place of Business  
**7829 GREENBRIAR PKWY  
ORLANDO FL 32619  
US**

Mailing Address  
**7829 GREENBRIAR PKWY  
ORLANDO FL 32619-6926  
US**

3. Date Incorporated or Qualified: **09/11/1989**  
3a. Date of Last Report: **02/29/1996**

4. FEI Number: **59-2974465**  
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.: **6355 MetroWest Blvd.**  
22. City & State: **Orlando, Florida 32835**  
23. Zip: **32835**

2a. Mailing Address  
26. Suite, Apt. #, etc.: **6355 MetroWest Blvd**  
27. City & State: **Orlando, FL**  
28. Zip: **32835**  
29. Country: **US**

9. Name and Address of Current Registered Agent  
**ROSSMAN, NANCY A.  
7829 GREENBRIAR PARKWAY  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent  
81. Name: **Rossman, Nancy A.**  
82. Street Address (P.O. Box Number is Not Applicable): **6355 MetroWest Blvd.**  
83. Suite: **Suite 330**  
84. City: **Orlando, Florida 32835** 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: *Nancy A. Rossman* DATE: **2/3/97**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	ROSSMAN, NANCY A.	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN-KRAMER, SARA	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FLYNN-KRAMER, SARA	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROSSMAN, RUTH	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSMAN, PAULA	
STREET ADDRESS	7829 GREENBRIAR PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSSMAN, NANCY A.	
1.3 STREET ADDRESS	6355 MetroWest Blvd.	
1.4 CITY-ST-ZIP	Orlando, Florida 32835	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLYNN-KRAMER, SARA	
3.3 STREET ADDRESS	6355 METRO WEST BLVD SUITE 330	
3.4 CITY-ST-ZIP	ORLANDO, FL. 32835	
4.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rossman, Ruth	
4.3 STREET ADDRESS	6355 MetroWest Blvd Suite 330	
4.4 CITY-ST-ZIP	Orlando, Florida 32835	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rossman, Paula	
5.3 STREET ADDRESS	6355 MetroWest Blvd. Suite 330	
5.4 CITY-ST-ZIP	Orlando, Florida 32835	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6355 MetroWest Blvd.	
6.3 STREET ADDRESS	Suite 330	
6.4 CITY-ST-ZIP	Orlando, Florida 32835	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(3)(b), 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: *Nancy A. Rossman* DATE: **2/3/97** DAYTIME PHONE #: **528-2323 407-51055**

CR2E034 (9/96)