

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

FILED

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

Principal Place of Business 7829 GREENBRIAR PKWY ORLANDO FL 32819 US	Mailing Address 7829 GREENBRIAR PKWY ORLANDO FL 32819-8926 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 6355 MetroWest Blvd. 23 City & State Suite 330 24 Zip Orlando, Florida 32835		2a. Mailing Address 26 6355 MetroWest Blvd 27 Suite, Apt. #, etc. Suite 330 28 City & State Orlando, FL 29 Zip 32835 30 Country		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 <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 330 84 City Orlando, Florida 32835 FL 85 Zip Code	
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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**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSSMAN, NANCY A. 7829 GREENBRIAR PKWY ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT ROSSMAN, NANCY A. 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLYNN-KRAMER, SARA 7829 GREENBRIAR PKWY ORLANDO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYNN-KRAMER, SARA 7829 GREENBRIAR PKWY ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP FLYNN-KRAMER, SARA 6355 METRO WEST BLVD SUITE 330 ORLANDO, FL. 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSSMAN, RUTH 7829 GREENBRIAR PKWY ORLANDO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VSD Rossman, Ruth 6355 MetroWest Blvd Suite 330 Orlando, Florida 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSMAN, PAULA 7829 GREENBRIAR PKWY ORLANDO FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Rossman, Paula 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)