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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L89431 (5)**
1. Corporation Name
CENZO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **816 SE 9TH STREET #202 DEERFIELD BCH. FL 33441**
Mailing Address: **816 SE 9TH STREET #202 DEERFIELD BCH. FL 33441**

3. Date Incorporated or Qualified: **07/13/1990**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **65-0232461**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

**DIVENCENZO, KENNETH B.
403 NE 6TH AVE.
DEERFIELD BCH. FL 33441**

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]* **KEN DIVENCENZO** DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D	NAME: DIVENCENZO, ROSALIE	STREET ADDRESS: 403 NE 6TH AVE. DEERFIELD BCH. FL	CITY-STATE-ZIP: DEERFIELD BCH. FL	<input type="checkbox"/> DELETE
TITLE: O	NAME: DIVENCENZO, KEN	STREET ADDRESS: 403 NE 6TH AVE. DEERFIELD BEACH FL	CITY-STATE-ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> DELETE
TITLE: O	NAME: DIVENCENZO, JOHN	STREET ADDRESS: 403 NE 6TH AVE. DEERFIELD BEACH FL	CITY-STATE-ZIP: DEERFIELD BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: O	NAME: DIVENCENZO, DOMINICK	STREET ADDRESS: 403 NE 6TH AVENUE DEERFIELD BEACH FL	CITY-STATE-ZIP: DEERFIELD BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

11 TITLE:	12 NAME:	13 STREET ADDRESS:	14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE:	12 NAME:	13 STREET ADDRESS:	14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE:	12 NAME:	13 STREET ADDRESS:	14 CITY-STATE-ZIP:	Change <input checked="" type="checkbox"/> Addition
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11 TITLE:	12 NAME:	13 STREET ADDRESS:	14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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OFFICER
O'BRIEN, PATRICK
402 NE 6th AVE
DEERFIELD BEACH, FL. 33441

OFFICER
O'BRIEN, CAROLYN
402 NE 6th AVENUE
DEERFIELD BEACH, FL. 33441

PT5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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: *[Signature]* **Rosalie DiVencenzo** **3/30/96** **954-428-1824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)