FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:20

DOCUMENT # L96179 (1)

1. Corporation Name
CENTURY ADVISORY SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 811088 BOCA RATON FL 33481-8088	P.O. BOX 811088 BOCA RATON FL 33481-8088

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1990
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 185 NW SPANISH RIVER BLVD	26
Suite, Apt. #, etc. 22 SUITE 170	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28
Zip / Country 24 33431 / 25 US	Zip / Country 29 / 30

4. FEI Number: 65-0214784 ☐ 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

9. Name and Address of Current Registered Agent

RESHEFSKY, RONALD
185 NW SPANISH RIVER BLVD., STE. 170
SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: RESHEFSKY, RONALD
82 Street Address (P.O. Box Number is Not Acceptable): 185 NW SPANISH RIVER BLVD
83 SUITE 170
84 City: BOCA RATON FL 85 Zip Code: 33431

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 _____ DATE
Signature, typed 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	P	11 TITLE	☐ Change ☐ Addition
NAME	RESHEFSKY, RONALD	12 NAME	
STREET ADDRESS	185 N W SPANISH RIV BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEONARD, RICHARD J	22 NAME	
STREET ADDRESS	185 NW SPANISH RIVER BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SEGAL, ELLEN R.	32 NAME	
STREET ADDRESS	185 NW SPANISH RIVER BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MORRIS, GARY H	42 NAME	
STREET ADDRESS	185 NW SPANISH RIVER BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ Ronald Reshefsky President 3/29/95 407 3620111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436767 PP