

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M28755** (0)

1. Corporation Name

**CENTER ROAD CORP.**



Principal Place of Business

Mailing Address

**1005 W. WASHINGTON CENTER RD  
FT. WAYNE IN 46825  
US**

**C/O ROGER MICHELSON  
10006 BROADVIEW DR.  
MIAMI FL 33154  
US**

3. Date Incorporated or Qualified  
**03/12/1986**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**43-1421872**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEITHORN, JEFFREY  
1221 BRICKELL AVENUE, SUITE #2400  
MIAMI FL 33131**

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 type printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
MICHELSON, ROGER**  
STREET ADDRESS **10006 W BROADVIEW DR.**  
CITY-ST-ZIP **BAY HARBOR ISL FL**

TITLE ☐ DELETE

NAME **DVP  
TUCKER, PAUL**  
STREET ADDRESS **130 N. CENTRAL AVE. #B**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE ☐ DELETE

NAME **DS  
MICHELSON, EDWARD**  
STREET ADDRESS **10006 W. BROADVIEW DR.**  
CITY-ST-ZIP **BAY HARBOR ISL. FL**

TITLE ☐ DELETE

NAME **DVP  
SOELLE, P. DOUGLAS**  
STREET ADDRESS **2719 AUTUMN RUN COURT**  
CITY-ST-ZIP **CHESTERFIELD MO**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

7. NAME

7. STREET ADDRESS

7. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/26/96 505 8678776

CR2E034 (12/95)