

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05787 (9)
 1. Corporation Name
CENTERONE, INC.



Principal Place of Business 2017 EAST OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE FL 33306-1813 US	Mailing Address 2017 EAST OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE FL 33306-1813 US
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3. Date Incorporated or Qualified
10/23/1984

4. FEI Number
59-2532270

Applied For
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**MC GLOTHIN, DENNIS
727 N.E. 3 AVE.
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name **Kent, Norman**

82 Street Address (P.O. Box Number is Not Acceptable)
800 East Broward Blvd., Suite 310

83

84 City **Ft. Lauderdale** **FL** 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Norman Kent* **NORMAN KENT** **4-30-98** DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	OLEFSON, SHARI	
STREET ADDRESS	15 S.E. 9 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOREY, GARY	
STREET ADDRESS	1356 S.W. 12 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MC GLOTHIN, DENNIS	
STREET ADDRESS	727 N.E. 3 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WEATHERHEAD, JOHN C	
STREET ADDRESS	3015 N OCEAN BLVD STE 111	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREGORY, RAY	
STREET ADDRESS	100 N.E. 3 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROHAN, HEATHER	
STREET ADDRESS	600 S.W. 3 STREET	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OLEFSON, SHARI	
1.3 STREET ADDRESS	15 SE 9TH AVE.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL.	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROULHAC, JULIET	
3.3 STREET ADDRESS	757 NW 99 CIRCLE	
3.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDD, ROBERT B.	
6.3 STREET ADDRESS	2724 NE 22 STREET	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Weatherhead* **John C. Weatherhead** **4/30/98 (954)537-4111**

CR2E037 (10/97)