


FILE NOW: FILING FEE IS \$61.25

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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 2617 EAST OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE FL 33306-1813 US	Mailing Address 2617 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 <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGLOTHIN, DENNIS 727 N.E. 3 AVE. FORT LAUDERDALE FL 33304
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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
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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 <i>Norman Kent</i> NORMAN KENT 4-30-98 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OLEFSON, SHARI 15 S.E. 9 AVE. FORT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOREY, GARY 1356 S.W. 12 WAY FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGLOTHIN, DENNIS 727 N.E. 3 AVE. FORT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WEATHERHEAD, JOHN C 3015 N OCEAN BLVD STE 111 FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREGORY, RAY 100 N.E. 3 AVE. FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROHAN, HEATHER 600 S.W. 3 STREET POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D OLEFSON, SHARI 15 SE 9TH AVE. FT. LAUDERDALE, FL.
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD ROULHAC, JULIET 757 NW 99 CIRCLE PLANTATION, FL. 33324
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D JUDD, ROBERT B. 2724 NE 22 STREET 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)537-4411**

CR2E037 (10/97)