

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90105 017 ****61.25

0036604

DOCUMENT # N05787

1. Corporation Name

CENTERONE, INC.

Principal Place of Business

2817 EAST OAKLAND PARK BLVD
SUITE 200
FORT LAUDERDALE FL 33306-1813
US

Mailing Address

2817 EAST OAKLAND PARK BLVD
SUITE 200
FT. LAUDERDALE FL 33306-1813
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/23/1984

4. FEI Number

59-2532270

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

9. Name and Address of Current Registered Agent

KENT, N
800 E BROWARD BLVD
STE 310
FT LAUD FL 33301

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLEFSON, SHARI
STREET ADDRESS 15 S.E. 9 AVE.
CITY-ST-ZIP FORT LAUDERDALE FL
☒ DELETE

TITLE CD
NAME MOREY, GARY
STREET ADDRESS 1356 S.W. 12 WAY
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

TITLE VD
NAME ROULHAC, J
STREET ADDRESS 757 NW 99 CIR
CITY-ST-ZIP PLANTATION FL 33324
☐ DELETE

TITLE ED
NAME WEATHERHEAD, JOHN C
STREET ADDRESS 3015 N OCEAN BLVD STE 111
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

TITLE SD
NAME GREGORY, RAY
STREET ADDRESS 100 N.E. 3 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL
☐ DELETE

TITLE D
NAME JUDD, R B
STREET ADDRESS 2724 NE 22 ST
CITY-ST-ZIP FT LAUD FL 33305
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T
1.2 NAME William Spencer
1.3 STREET ADDRESS 2805 E. Oakland Park Blvd #219
1.4 CITY-ST-ZIP Fort Lauderdale FL 33306
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 954-537-4111

Date

Daytime Phone #

CR2E037 (1/98)