

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P28039 (6)

1. Corporation Name
CENTURY IMPORTERS, INC.



Principal Place of Business: **11911 FREEDOM DR STE 1100 RESTON VA 22090-5602**
Mailing Address: **11911 FREEDOM DR STE 1100 RESTON VA 22090-5602**

3. Date Incorporated or Qualified: **02/08/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **16-0718070**
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

2. Principal Place of Business: 21: Suite, Apt. #, etc. **Suite 700**
22: City & State
23: Zip Country
24: 25: 26: 27: 28: 29: 30: 2a. Mailing Address: Suite, Apt. #, etc. **Suite 700**
27: City & State
28: Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1505, 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 to be typed in block 12 or 13, as applicable. (Note: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GLICKERT, WILLIAM W	
STREET ADDRESS	8403 BROOKWOOD CT	
CITY-STATE-ZIP	MCLEAN VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, JOHN R.	
STREET ADDRESS	11625 ROLLING MEADOW DRIVE	
CITY-STATE-ZIP	GREAT FALLS VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAREFOOTE, JEFFERSON J	
STREET ADDRESS	1346 HUNTER MILL ROAD	
CITY-STATE-ZIP	VIENNA VA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	LYLE R CHARLES	
STREET ADDRESS	541 NALLS DAIRY CT	
CITY-STATE-ZIP	GREAT FALLS VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLAM G SCHMUS	
STREET ADDRESS	19755 KILLARNEY WAY	
CITY-STATE-ZIP	BROOKFIELD WI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MICHAEL T JONES	
STREET ADDRESS	333 WEST CEDAR VALLEY DR	
CITY-STATE-ZIP	DELAFIELD WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12: NAME	
13: STREET ADDRESS	
14: CITY-STATE-ZIP	
21: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22: NAME	
23: STREET ADDRESS	
24: CITY-STATE-ZIP	
31: TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32: NAME	
33: STREET ADDRESS	
34: CITY-STATE-ZIP	
41: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42: NAME	
43: STREET ADDRESS	
44: CITY-STATE-ZIP	
51: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52: NAME	
53: STREET ADDRESS	
54: CITY-STATE-ZIP	
61: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62: NAME	
63: STREET ADDRESS	
64: CITY-STATE-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)(k), 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 as an attachment with an address.

SIGNATURE: **MICHAEL T. JONES** 1/29/96 414/931-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

CR2E034 (12/95)