FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:39

DOCUMENT # P35153 (6)

1. Corporation Name
CENTREX CAPITAL CORP.

Principal Place of Business	Mailing Address
270 SOUTH SERVICE ROAD P.O. BOX 699 MELVILLE NY 11747-7699	270 SOUTH SERVICE ROAD P.O. BOX 699 MELVILLE NY 11747-7699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 01/26/1994
4. FEI Number: 11-3080690 [ ] 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. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 325
NORTH MIAMI FL 33162

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 607.1508, 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

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

	12. Officers and Directors	13. Additions/Changes	
TITLE	SVP		[✓] Change [ ] Addition
NAME	DANZI, JOHN A.		
STREET ADDRESS	~~27 WINSLOW LANE~~	45 A KING ARTHURS COURT	
CITY-ST-ZIP	~~SMITHTOWN NY~~	ST. JAMES, NY 11780	
TITLE	~~P~~	PRESIDENT / DIRECTOR	[✓] Change [ ] Addition
NAME	PASCUCCI, CHRISTOPHER S.		
STREET ADDRESS	7 WELLINGTON RD		
CITY-ST-ZIP	LOCUST VALLEY NY		
TITLE	VTS		[ ] Change [ ] Addition
NAME	FREEMAN, MARK A.		
STREET ADDRESS	35 ROBIN LAND		
CITY-ST-ZIP	PLAINVIEW NY		
TITLE	~~DC~~		[✓] Change [ ] Addition
NAME	~~PASCUCCI, MICHAEL G.~~		
STREET ADDRESS	~~392 DUCKPOND ROAD~~	DELETE	
CITY-ST-ZIP	~~LOCUST VALLEY NY~~		
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-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(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1-9-95 (516) 777-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

MARK A. FREEMAN, VP/SECY/TREAS.

0396700 FP