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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35153

(6)

CENTREX CAPITAL CORP.

FILED Jan 23 1997 8:00am Secretary of State

. I NOTINAEN SER INNON ENKOK NORM ENKOK KIR BIRRU ENDIK ENRUK ENGIK BIRRU ENGIK BIRRU EKRAN INDIK

Principal Plac 270 SOUTH : P.O. BOX 69: MELVILLE NY	SERVICE ROAD 9	2 F	Mailing Address 270 SOUTH SERVICE ROAD P.O. BOX 699 MELVILLE NY 11747-0699										
								3. Date Incorporated or Qualified 08/19/1991		ate of La /26/19		oort	
<u> </u>	hade of Business	- ⊢	Mailing Address	•				4. FEI Number			App	lied For	
21	N -4	26					····	11-3080690				Applicable	
Suite, Apt		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	75 Ad e Req	lditional uired	
City & Stat	e	28	City & State					Election Campaign Financing Trust Fund Contribution			M 00.	lay Be Fees	
Zip	Country		Zip		Coun	iry		8. This corporation has liability for	r intangible	tax und	ler s. 1	199.032	
24	25	29		30				Florida Statutes		No		·	
	9. Name and Address of Cur							10. Name and Address of New I	Registered :	ad Agent			
	ITTED CORPORATE SERVICES				8	31	Name						
	1 Northeast 167th Street	r, suite :	325		5	32	Street Addre	ess (P.O. Box Number is Not Accept	ablo)				
NC.	ORTH MIAMI FL 33162				`	"	Olleet Addre	ss (F.O. Box Number is Not Accept	able)				
					8	93						***************************************	
					Ļ	34	O3.				7		
					*	14	City		FL	85	Zip Co	ode	
 Office of t 	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Flori	ta. Such change was	• o⊓ nth	MIZAM	71/	the corneration	oration submits this statement for the on's board of directors. I hereby acc	purpose of ept the app	changii ointmen	ng its t as re	registered igistered	
	Signature type disciprented name of registerico	agent and tile	it applicable (NO	TE: Re	gratored	Agen	it signature required		DATE				
12.	OFFICERS /	AND DIREC			13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS	IN 12 ·	
TITLE	SVP		☐ DELETE		1.1 TITL	E	1			☐ Char	190	☐ Addition	
NAME	DANZI, JOHN A.			ı	1.2 NAM	1E							
STREET ADDRESS	45A KING ARTHURS COU	RT			1.3 STRI	EET A	ADDRESS					·	
CITY-ST-ZIP	ST. JAMES NY				1.4 CITY	r- ST	- ZIP						
TITLE	PD		☐ DELETE		2.1 TITL	E				☐ Char	nge	Addition	
NAM5	PASCUCCI, CHRISTOPHER	₹ S .			2.2 NAM	(E							
STREET ADORESS	7 WELLINGTON RD				2.3 STRI	EET A	ADDRESS						
CITY - ST - ZIP	LOCUST VALLEY NY				2 4 CIT	Y - ST	r-71P						
TITLE	VTS		DELETE	1	3 1 TITL					Char	nge	Addition	
NAME	Freeman, Mark A.				3.2 NAM	Œ					-		
STREET ADDRESS	35 ROBIN LAND				3.3 STRI	EET A	ADDRESS 35	i Robin Lane					
City-St-ZiP	PLAINVIEW NY				3 4. CiT		· ·	- · · -					
TITLE			☐ DELETE		4 1 TITL	_	- 411			Char	nae	Addition	
NAME					4 2 NA						-5"		

14. I do 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 suppliemental 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 receive 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 Chapted, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4 4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - S1 - ZIP

TITLE

NAME

TIFLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF

ME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

SVP/SECTY/TREASURED 177-8100 x 712

Change

Change

Addition

Addition