

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 044 ***150.00

DOCUMENT # P35153

1. Corporation Name

CENTREX CAPITAL CORP.

Principal Place of Business

270 SOUTH SERVICE ROAD
P.O. BOX 699
MELVILLE NY 11747-699
US

Mailing Address

270 SOUTH SERVICE ROAD
P.O. BOX 699
MELVILLE NY 11747-699
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1991

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

11747-0699

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

11747-0699

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

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 SVP ☒ DELETE

NAME DANZI, JOHN A.
STREET ADDRESS 45A KING ARTHURS COURT
CITY-ST-ZIP ST. JAMES NY

TITLE PD ☒ DELETE

NAME PASCUCCI, CHRISTOPHER S.
STREET ADDRESS 7 WELLINGTON RD
CITY-ST-ZIP LOCUST VALLEY NY

TITLE VTS ☒ DELETE

NAME FREEMAN, MARK A.
STREET ADDRESS 35 ROBIN LN
CITY-ST-ZIP PLAINVIEW NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Doran, Patrick S.
1.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
1.4 CITY-ST-ZIP Melville, NY 11747-0699

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Williams, Gary S.
2.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
2.4 CITY-ST-ZIP Melville, NY 11747-0699

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Locke, Janet G.
3.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
3.4 CITY-ST-ZIP Melville, NY 11747-0699

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME Lucas, Mary-Ann
4.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
4.4 CITY-ST-ZIP Melville, NY 11747-0699

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME Mack, John E.
5.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
5.4 CITY-ST-ZIP Melville, NY 11747-0699

6.1 TITLE Asst. S, Asst. T ☐ Change ☒ Addition

6.2 NAME Wittrick, Ellen
6.3 STREET ADDRESS MC: NY-270-01-10, PO Box 699
6.4 CITY-ST-ZIP Melville, NY 11747-0699

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 607, 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

Date

2/4/99

Daytime Phone #

(516) 390-3706

CR2E034 (1/98)

**CENTREX CAPITAL CORP.
ADDITIONAL OFFICERS**

240-411-1111
P 3513

NAME/TITLE

BUSINESS ADDRESS

LYNN L. RHOADS
ASSISTANT SECRETARY

NATIONSBANK
MC: NY4-270-01-10
PO BOX 699
MELVILLE, NY 11747-0699