

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000009468 (9)

1. Corporation Name
CENTRA WORLDWIDE OF FLORIDA, INC.

Principal Place of Business
815 S MAIN STREET
6TH FLOOR
JACKSONVILLE FL 32207
US

Mailing Address
POST OFFICE BOX 48088
JACKSONVILLE FL 32247-0088
US



2. Principal Place of Business		2a. Mailing Address	
21	815 S. Main Street	26	815 S. Main Street
22	Suite Apt. # etc.	27	Suite Apt. #, etc.
23	6th Floor	28	6th Floor
24	City & State	29	City & State
25	Jacksonville, FL	30	Jacksonville, FL
26	Zip	31	Zip
27	32207	32	32207
28	Country	33	Country
29	U.S.	34	U.S.

3. Date Incorporated or Qualified 11/30/1992	3a. Date of Last Report 07/03/1996
4. FEI Number 59-3160970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRICE, ROBERT J 815 S. MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207		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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDATH, STEPHEN M	1.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, BARBARA S	2.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, A. QUINN	3.2 NAME	
STREET ADDRESS	815 S MAIN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ROBERT J	4.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	VO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, CHRISTIAN	5.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUROSS, H. ROBERT	6.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

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 in 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: Robert J. Price 01-17-97 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)