

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000002711 (8)**

1. Corporation Name

CENTRUST MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

**5700 LAKE WORTH RD
SUITE 310
LAKE WORTH FL 33463
US**

**P O BOX 5448
SUITE 300
LAKE WORTH FL 33466-5448
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **P O BOX 5448**

22 City & State

27 Suite, Apt #, etc.

28 **Lake Worth, Florida**

23 Zip

Country

29 **33466-5448**

Country

24 **25** **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

95-2933075

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

10. Name and Address of New Registered Agent

**LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: **CEOP
SHAPRIO, ALBERT**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

TITLE ☐ DELETE

NAME: **D
SHAPRIO, HONORA**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

TITLE ☐ DELETE

NAME: **SVPT
ROGERS, JAMES M**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

TITLE ☒ DELETE

NAME: **VPS
GLYNOS, SUSAN M**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

TITLE ☐ DELETE

NAME: **AVPC
WELLINGTON, GRAHAM P**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

TITLE ☐ DELETE

NAME: **AVPC
WELLINGTON, GRAHAM P**
STREET ADDRESS: **5700 LAKE WORTH RD SUITE 310**
CITY, ST, ZIP: **LAKE WORTH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

Lake Worth, FL 33463

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

Lake Worth, FL 33463

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

Lake Worth, FL 33463

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

Lake Worth, FL 33463

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

Lake Worth, FL 33463

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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(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 on an attachment with an address.

SIGNATURE

James M. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 407-433-0042

Date

Day me Phone #

CR2E034 (12/95)