

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

5700 LAKE WORTH RD
SUITE 310
LAKE WORTH FL 33463
US

Mailing Address

P O BOX 5448
LAKE WORTH FL 33466-5448
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.

22 4TH FLOOR

City & State

23 LAKE WORTH, FL

Zip

24 33461

Country

25 USA

2a. Mailing Address

26 1926 TENTH AVENUE NORTH

Suite, Apt. #, etc.

27 4TH FLOOR

City & State

28 LAKE WORTH, FL

Zip

29 33461

Country

30 USA

9. Name and Address of Current Registered Agent

ROGERS, JAMES M
5700 LAKE WORTH RD
STE 310
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1926 TENTH AVENUE NORTH

83

4TH FLOOR

84 City

LAKE WORTH

FL

85 Zip Code

33461

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOP
SHAPIRO, ALBERT
5700 LAKE WORTH RD SUITE 310
LAKE WORTH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHAPIRO, HONORA
5700 LAKE WORTH RD SUITE 310
LAKE WORTH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVPT
ROGERS, JAMES M
5700 LAKE WORTH RD SUITE 310
LAKE WORTH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPAS
WELLINGTON, GRAHAM P
5700 LAKE WORTH RD SUITE 310
LAKE WORTH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☒ Change ☐ Addition
1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461


3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☒ Change ☐ Addition
1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☒ Change ☐ Addition
1926 TENTH AVENUE NORTH, 4TH FLOOR
LAKE WORTH, FL 33461

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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.

SIGNATURE: 

4/23/98

(561) 540-6224

CP2E034 (1097)