

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000019352 (2)

1. Corporation Name
CENTERGY, INC.

Principal Place of Business Mailing Address

**1155 HILLSBORO MILE A1A
SUITE 602
HILLSBORO BEACH FL 33062**

**1155 HILLSBORO MILE A1A
SUITE 602
HILLSBORO BEACH FL 33062**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

03/10/1993 **05/01/1994**

4. FEI Number Applied For

65-0418459 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

9. Name and Address of Current Registered Agent

**HOWELL, RONALD R
1155 HILLSBORO MILE A1A
SUITE 602
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name

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

319 N. MAGNOLIA AVE

83

84 City 85 Zip Code

ORLANDO FL 32801

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEIBOWITZ, MARTIN N
STREET ADDRESS	1155 HILLSBORO MILE A1A SUITE 602
CITY - ST - ZIP	HILLSBORO BEACH FL 33062
TITLE	D
NAME	HOWELL, RONALD R
STREET ADDRESS	118 E JEFFERSON ST
CITY - ST - ZIP	ORLANDO FL 32801
TITLE	D
NAME	BONACCURIO, JOSEPH
STREET ADDRESS	827 N SOUTHLAKE DR
CITY - ST - ZIP	HOLLYWOOD FL 33019
TITLE	D
NAME	LEIBOWITZ, PATRICIA
STREET ADDRESS	115 HILLSBORO MILE A1A SUITE 602
CITY - ST - ZIP	HILLSBORO BEACH FL 33062
TITLE	D
NAME	SHOUP, R G
STREET ADDRESS	148 ISLE OF VENICE
CITY - ST - ZIP	FT LAUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Howell, RONALD R
2.3 STREET ADDRESS	319 N. MAGNOLIA AVE
2.4 CITY - ST - ZIP	ORLANDO FL 32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1155
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rubin, HOWARD K.
5.3 STREET ADDRESS	3000 S. OCEAN DR. #1J
5.4 CITY - ST - ZIP	Hollywood FL 33019-0000
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Patricia Leibowitz Sec/Treas 4-21-95 305 480 6485

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Filing Price \$

PATRICIA Leibowitz Sec, Treas.