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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019352 (2)

1. Corporation Name
CENTERGY, INC.



Principal Place of Business: **1155 HILLSBORO MILE A1A SUITE 602 HILLSBORO BEACH FL 33062**
Mailing Address: **1155 HILLSBORO MILE A1A SUITE 602 HILLSBORO BEACH FL 33062**

2. Principal Place of Business (21-24) and Mailing Address (25-29) fields with sub-headers for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: **03/10/1993**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0418459**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 319 N. MAGNOLIA AVE. SUITE 602 ORLANDO FL 32801**
10. Name and Address of New Registered Agent (81-85): **Leibowitz, Patricia 1155 Hillsboro Mile Suite #602 Hillsboro Beach FL 33062**

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: *Patricia Leibowitz, Sec/Treas.* DATE: **4-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: LEIBOWITZ, MARTIN N	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1155 HILLSBORO MILE A1A SUITE 602	CITY-ST-ZIP: HILLSBORO BEACH FL 33062	1.2 NAME:	
TITLE: D	NAME: HOWELL, RONALD R	1.3 STREET ADDRESS:	
STREET ADDRESS: 319 N. MAGNOLIA AVE.	CITY-ST-ZIP: ORLANDO FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: BONACCURRO, JOSEPH	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 827 N SOUTHLAKE DR	CITY-ST-ZIP: HOLLYWOOD FL 33019	2.2 NAME:	
TITLE: D	NAME: LEIBOWITZ, PATRICIA	2.3 STREET ADDRESS:	
STREET ADDRESS: 1155 HILLSBORO BEACH FL	CITY-ST-ZIP: HILLSBORO BEACH FL	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: RUBIN, HOWARD K	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3000 S. OCEAN DR. #1J	CITY-ST-ZIP: HOLLYWOOD FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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: *Patricia Leibowitz, Sec/Treas.* DATE: **4-10-96** 954 4806485

CR2E034 (12/95)