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FILED
Apr 16 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 # 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 33062-1716

3. Date Incorporated or Qualified **03/10/1993** 3a. Date of Last Report **04/12/1996**

4. FEI Number **65-0418459** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

LEIBOWITZ, PATRICIA
1155 HILLSBORO MILE SUITE 602 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)

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, MARTIN N	1.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE A1A SUITE 602	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONACCURSO, ELVIRA	2.2 NAME	
STREET ADDRESS	627 N SOUTHLAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	ZIP: 33019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONACCURSO, JOSEPH	3.2 NAME	
STREET ADDRESS	827 N SOUTHLAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, PATRICIA	4.2 NAME	In 2 times
STREET ADDRESS	1155	4.3 STREET ADDRESS	1155 Hillsboro Mile #602
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	ZIP: 33062
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, HOWARD K	5.2 NAME	RUBIN HOWARD K
STREET ADDRESS	3000 S. OCEAN DR. #1J	5.3 STREET ADDRESS	1101 RIVER REACH DR #3-208
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIBOWITZ, PATRICIA	6.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE SUITE 602	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	6.4 CITY-ST-ZIP	ZIP: 33062

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 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* **Patricia Leibowitz** (4-9-97) (954) 480-6485
 Secretary/Treasurer
 (954) 426-3686

CR2E034 (9/96)