

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

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90013 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019352

1. Corporation Name
CENTERGY, INC.



Principal Place of Business 1155 HILLSBORO MILE A1A SUITE 602 HILLSBORO BEACH FL 33062-1744 US	Mailing Address 1155 HILLSBORO MILE A1A SUITE 602 HILLSBORO BEACH FL 33062-1744 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/10/1993	4. FEI Number 65-0418459	Applied For <input type="checkbox"/> Not Applicable
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23	28			
Zip Country	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 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 type="checkbox"/> Addition
NAME	BONACCURSO, ELVIRA	2.2 NAME	
STREET ADDRESS	827 N SOUTHLAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONACCURRO, 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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, HOWARD K	4.2 NAME	
STREET ADDRESS	1101 RIVER REACH DR SUITE 3-208	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, PATRICIA	5.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE SUITE 602	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Patricia Leibowitz Date: 3-8-99 Daytime Phone #: 954-480-6485

CR2E034 (1/198)