

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90013 021 \*\*\*150.00

0571575

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/10/1993

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

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 D DELETE

NAME LEIBOWITZ, MARTIN N  
STREET ADDRESS 1155 HILLSBORO MILE A1A SUITE 602  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE D DELETE

NAME BONACCURSO, ELVIRA  
STREET ADDRESS 827 N SOUTHLAKE DR  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D DELETE

NAME BONACCURSO, JOSEPH  
STREET ADDRESS 827 N SOUTHLAKE DR  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D DELETE

NAME RUBIN, HOWARD K  
STREET ADDRESS 1101 RIVER REACH DR SUITE 3-208  
CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE D DELETE

NAME LEIBOWITZ, PATRICIA  
STREET ADDRESS 1155 HILLSBORO MILE SUITE 602  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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*  
3-8-99 954-480-6485

CR2E034 (11/98)