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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000057988 (6)

CENTAC INVESTMENT GROUP, INC.

1214 ST TROPEZ CIR ORLANDO FL 32806	1214 ST TROPEZ CIR ORLANDO FL 32806	
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FILED Mar 26 1998 8:00am Secretary of State



						## [
Principal Place of Business Mailing Address					Lightings be inich mitt durt bein dere den dere den inichten	191 FB10F 1811 FB1	
1214 ST TRO		1214 ST TROPEZ CIR					
ORLANDO FL	32806	ORLANDO FL 32806			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					08/16/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3195835 Not App		
Suite, Apt.	#, elc	Suite, Apt. #, etc.				75 Additional	
City & State		City & State	City & State			ee Required	
23	9	 				.00 May Be	
Zip Country		28 Zio	Zip Country		8. This corporation owes or has paid the current year		
24	25	29	30	•	Personal Property Tax due June 30. Yes	□ No	
	g. Name and Address of Curren	1=-1	1221		10. Name and Address of New Registered Agent		
DA	YLE, DENNIS		81	Name			
	4 ST TROPEZ CIR		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	LANDO FL 32806		["	Direct	acress (1.10. box Namber is Not Acceptable)		
			83	3			
			84	City	[85]	Zip Code	
				,	FL "	,	
SIGNATURE	m familiar with, and accept the obligation of registered ago.				orporation submits this statement for the purpose of chang oration's board of directors. I hereby accept the appointment		
12.	OFFICERS AND		13.	Serie ei Briandia de	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12	
TITLE	CPMS	DELETE	1.1 TITLE		Cha		
NAME	DAYLE, DENNIS		1.2 NAME				
STREET ADORESS	1214 ST TROPEZ CIRCLE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 C(TY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Cha	ange 🔲 Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	$\mathcal{L}_{\mathcal{A}}$		
CITY-ST-ZIP		Delete	2. 4 CITY			T A J Pro-	
TITLE		☐ DELETE	3.1 TITLE		☐ Cha	ange [_] Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4 CITY 4.1 TITLE	-SI-ZIP	☐ Cha	ange Addition	
NAME		Dett.11	4.1 MLE	,	C One		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE		Cha	ange Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE		☐ Cha	ange Addition	
NAME			6.2 NAME	ŀ			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY CT 710			C A CITY				

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.