FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:35

DOCUMENT # P93000064563 (8)

1. Corporation Name
CENTREX CAPITAL CORP. OF FLORIDA

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES INC 801 NE 167TH STREET SUITE 300 NO MIAMI BEACH FL 33162	C/O UNITED CORPORATE SERVICES INC 801 NE 167TH STREET SUITE 300 NO MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21: 270 SOUTH SERVICE RD
22: Suite, Apt. #, etc.
23: City & State: MELVILLE, NY
24: Zip: 11747 25: Country: USA

2a. Mailing Address
26: 270 SOUTH SERVICE RD
27: Suite, Apt. #, etc.
28: City & State: MELVILLE, NY
29: Zip: 11747 30: Country: USA

4. FEI Number: 11-3177809 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC
801 NE 167TH STREET SUITE 300
NO MIAMI BEACH FL 33162

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASCUCCI, MICHAEL C 270 S SERVICE ROAD MELVILLE NY 11747	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DELETE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PASCUCCI, CHRISTOPHER S 270 S SERVICE RD MELVILLE NY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT/DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANZI, JOHN A 270 S SERVICE RD MELVILLE NY	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SENIOR VICE PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST FREEMAN, MARK A 270 S SERVICE RD MELVILLE NY	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: MARK A. FREEMAN, VP/SEC'Y/TREAS 2-5-95 (516) 777-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017A21Z CP