

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064563 (8)

1. Corporation Name

CENTREX CAPITAL CORP. OF FLORIDA



Principal Place of Business

270 S SERVICE ROAD
MELVILLE NY 11747
US

Mailing Address

270 S SERVICE ROAD
MELVILLE NY 11747
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

02/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes

☒ No

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 if not registered agent, name of the corporation)

(Name of Registered Agent Signature required when not using)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
VST	FREEMAN, MARK A.	270 S. SERVICE ROAD	MELVILLE NY	☐
PD	PASCUCCI, CHRISTOPHER S	270 S SERVICE RD	MELVILLE NY	☐
SVP	DANZI, JOHN A	270 S SERVICE RD	MELVILLE NY	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	☐ Change	☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	☐ Change	☐ Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	☐ Change	☐ Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	☐ Change	☐ Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	☐ Change	☐ Addition
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

516-777-8100
Toll-free Phone #

CR2E034 (12/95)