


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90046 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000064563					
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		3. Date Incorporated or Qualified 09/16/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. # etc.		4. FEI Number 11-3177809	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
UNITED CORPORATE SERVICES INC 801 NE 167TH STREET SUITE 300 NO MIAMI BEACH FL 33162			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					
1.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME PD					
1.3 STREET ADDRESS Doran, Patrick S.					
1.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					
2.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME V					
2.3 STREET ADDRESS Williams, Gary S.					
2.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					
3.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME V					
3.3 STREET ADDRESS Locke, Janet G.					
3.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME S					
4.3 STREET ADDRESS Lucas, Mary Ann					
4.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					
5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME T					
5.3 STREET ADDRESS Mack, John E.					
5.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
6.2 NAME Asst. S, Asst. T					
6.3 STREET ADDRESS Witrick, Ellen					
6.4 CITY-ST-ZIP MC: NY4-270-01-10, POB 699 Melville, NY 11747-0699					

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: Ellen Witrick **REQUIRED** 2/14/99 (516) 390-3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)