

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000073326 (9)

1. Corporation Name  
CENTURION INVESTMENT, INC.



Principal Place of Business

91 W MCINTYRE STR  
SUITE 200  
KEY BISCAVNE FL 33149  
US

Mailing Address

91 W MCINTYRE STR  
SUITE 200  
KEY BISCAVNE FL 33149  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1993

4. FEI Number

65-0443491

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 444 Brickell Ave  
Suite, Apt. #, etc.

22 Suite 500

City & State

23 MIAMI, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 444 Brickell Ave  
Suite, Apt. #, etc.

27 Suite 500

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

WAKEFIELD, THOMAS H  
SUITE 202, KEY BISCAVNE BANK BLDG.  
91 WEST MCINTYRE STREET  
KEY BISCAVNE FL 33149

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

PD KARDONSKI, FRANK ☒ DELETE

91 W. MCINTYRE ST., #200

KEY BISCAVNE FL

TITLE

SD GONZALEZ, JULIA ☐ DELETE

91 W. MCINTYRE ST., #200

KEY BISCAVNE FL

TITLE

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD ☐ Change ☒ Addition

MASTELLARI, LISA M.

444 BRICKELL AVE. # 500

MIAMI, FL. 33131

2.1 TITLE

☒ Change ☐ Addition

444 BRICKELL AVE # 500

MIAMI, FL 33131

3.1 TITLE

☐ Change ☐ Addition

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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, on an attachment with an address.

SIGNATURE: Lisa M. Mastellari

7/1/98 (305) 408-4205

CR2E034 (5/98)