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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

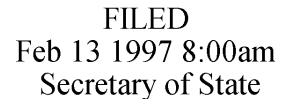
## DOCUMENT # P94000012191 (0)

CENTURION INDUSTRIES, INC.

Principal Place of Business

Mailing Address

250 S. HOLLYBROOK TERRACE PEMBROKE PINES FL 33025 250 S. HOLLYBROOK TERRACE PEMBROKE PINES EL 33025-1222





PEMBROKE PINES FL 33025	PEMBROKE PINES FL 33025	-1222		
			3. Date Incorporated or Qualified 02/10/1994	3a. Date of Last Report 04/29/1996
2. Principal Place of Business	2a. Mailing Address	<u> </u>	4, FEI Number	Applied For
21 250 S. HOLLYBROOK TERRACE		POOK HERCACE	65-0479062	Not Applicable
Suite, Apt. #, etc 22 # 48-103	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINI	es, Fl	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33025 25 BROWARP	29 33025 s	Country BROWARD	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Jistered Agent
HURVITZ, IRENE		81 Name		
250 S. HOLLYBROOK TERRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable	-5
PEMBROKE PINES FL 33025		ox Street Addi	ress (P.O. Box Number is Not Acceptable	e)
		83		
<b>√</b>		84 City	**************************************	85 Zip Code
		<u>                                  </u>		FL 65 210 COOR
Pursuant to the provisions of Sections 607 050; office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the pa ion's board of directors. I hereby accep	Irpose of changing its registered the appointment as registered
SIGNATURE Signature, typicd or pricted name of registered ager	nt and title J appicable. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THILE D	DELETE	1.1 TOLE		Change Addition
NAME HURVITZ, ALVIN W	_	1.2 NAME		
ISTREEF ADDRESS 250 S. HOLLYBROOK TERRAC	E	1.3 STREET ADDRESS	•	
CITY-ST-ZIP PEMBROKE PINES FL 33025	·	1.4 CITY-ST-ZIP		1
TITLE	☐ DELETE	2.1 TITLE		: Change Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		
CHY-SI-ZIP		2 4 CITY - ST - ZIP		ł
STITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		CIT OLD ING
STREET ADORESS		3.3 STREET ADDRESS		
C(TY-ST-ZIP				·
TIME	DELETE	3.4. CITY-ST-ZIP	<del>- 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 </del>	Change Addition
NAME	C Otten			E
		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST-ZIP	Delete	4.4 CITY-ST-ZIP		
TITLE	["] DEFELE	5 1 TITLE		Change Addition
NAME		5.2 NAME		l
.STREET ADDRESS		5.3 STREET ADDRESS		
CITY-S1-ZIP		5.4 CITY-ST-Z#P		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-ST-ZIP		6.4 CITY-ST-ZIP		
14 I do hereby certify that the information supplied	Lwith this filing dose not qualify		Lin Section 110 07/2\(ii\) Elevide Statutes	I fourth as a putific 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

Will W. ZHUWIT ALVIN W. HURVIT

2/6/97

954)435-9656