

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071640 (4)**

1. Corporation Name

SENTRA INVESTMENTS, INC.



Principal Place of Business

**3971 N.W. 188TH STREET
CAROL CITY FL 33055**

Mailing Address

**3971 N.W. 188TH STREET
CAROL CITY FL 33055**

2. Principal Place of Business

**3971 N.W. 188th St
S.W. Apt. 102**

22. City & State

Carol City, FL

24. Zip **33055** 25. Date **Dec**

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

28. Zip

29. Country

30. Country

3. Date Incorporated or Qualified
09/29/1994

3a. Date of Last Report
10/09/1995

4. FEI Number
65-0524404

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. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FITTS, GEORGE
3971 N.W. 188TH STREET
CAROL CITY FL 33055**

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 607.1504, 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 not, for this, accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

**DECEMBER 1995
FITTS, GEORGE
3971 N.W. 188TH STREET
CAROL CITY FL 33055**

☐ DELETE

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I declare, certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(g), 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 its owner 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 as an officer or trustee with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

305-593-7514

CR2E034 (12/95)