


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

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May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northerm</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000080278</b> 1. Corporation Name <b>CENTRECOP MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>2401 PGA Blvd., Suite 168 Palm Beach Gardens, FL 33410</b>			Mailing Address		
2. Principal Place of Business 21 <b>2401 PGA Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 280</b> City & State 23 <b>Palm Beach Gardens, FL</b> Zip 24 <b>33410</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>Suite 280</b> City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/31/94</b> 3a. Date of Last Report <b>2/29/96</b> 4. FEI Number <b>65-0543896</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JAYNE REGESTER BARKDULL, ESQUIRE LEVY, KNEEN, MARIANI, CURTIN, WIENER, KORNFELD &amp; DEL RUSSO, P.A. 1400 Centrepark Blvd., Suite 1000 West Palm Beach, Florida 33401</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>[Signature]</i> DATE <b>4/10/97</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>PRESTON, JOHN W.S.</b> STREET ADDRESS <b>2851 John Street, Suite One</b> CITY-ST-ZIP <b>Markham, Ontario, Canada L3R 5R7</b> TITLE <b>DVPS</b> <input type="checkbox"/> DELETE NAME <b>GREEN, ROBERT S.</b> STREET ADDRESS <b>2851 John Street, Suite One</b> CITY-ST-ZIP <b>Markham, Ontario, Canada L3R 5R7</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>2401 PGA Blvd., Suite 280</b> 1.4 CITY-ST-ZIP <b>Palm Beach Gardens, FL 33410</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

**Robert S. Green April 15, 1997 (905) 477-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)