

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90131 044 ***150.00

DOCUMENT # P95000022396

1. Corporation Name

CU CENTER, INC.

Principal Place of Business

3469 SUMMIT BOULEVARD
WEST PALM BEACH FL 33406

Mailing Address

3469 SUMMIT BOULEVARD
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

65-0557203

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10445 Southern Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 10445 Southern Blvd
Suite, Apt. #, etc.

City & State

23 Royal Palm Beach, FL
Zip Country

City & State

28 Royal Palm Beach FL
Zip Country

24 33411

25 USA

29 33411

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEESE, JOHN
3469 SUMMIT BOULEVARD
WEST PALM BEACH FL 33406

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 John Deese
Signature, typed or printed name of registered agent and title if applicable

4-16-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEESE, JOHN
STREET ADDRESS 3469 SUMMIT BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33406

1.1 TITLE CD
1.2 NAME Deese, John
1.3 STREET ADDRESS 3469 Summit Blvd
1.4 CITY-ST-ZIP West Palm Beach FL 33406

TITLE TD
NAME WELTE, MIKE
STREET ADDRESS 1055 SOUTH CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME DELANEY, ROBERT
STREET ADDRESS 2226 SOUTH CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33406

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P
4.2 NAME Donna DeRocher
4.3 STREET ADDRESS 10445 Southern Blvd
4.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: John Deese

4-16-99

561-686-4006