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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042844 (7)

CENTI	RECORP MAINTENANCE S	SERVICES, INC.	,			II. BYGIF 11861 (811) FYFY AFTY 1861
Principal Plac	ce of Business	Mailing Address				
2401 PGA B		2401 PGA BLVD.				
STE 280 PALM BEACH GARDENS FL 33410  STE 280 PALM BEACH GARDENS			` FL 93410		DO NOT WRITE IN T	THIS SOLVE
			15 FL 3341U		3. Date Incorporated or Qualified	nis space
					06/01/1995	
2. Principal Place of Business 2a.		2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For
1		26		65-0585603	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	e current year Intangible
4	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81	I Nome	10. Name and Address of New Registe	red Agent
	YNE REGISTER BARKDULL		6	Name		
LEVY, KNEEN MARIANI, CURTIN 1400 CENTREPARK BLVD #1000		l	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33401			83	1		
,,			84	-		
				City		FL 85 Zip Code
agent. I a SIGNATURE	am familiat with, and accept the obl	igations of, Section 607.0505, I agent and two if applicable (N	lorida Statute	·S.		NE
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	PRESTON, JOHN W. S	C officia	1.1 TITLE 1.2 NAME	ļ		Change Addition
STREET ADDRESS	2401 PGA BLVD.			T ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 C/TY-			
TITLE	DS	DELETE	2.1 TITLE			Change Addition
NAME	GREEN, ROBERT S		2.2 NAME			
STREET ADDRESS	88 % 2851 JOHN STREET, SUITE 1 MARKHAM,ONTARIO CANADA L3R5R		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MARKHAM, UNTARIU CANA	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
TITLE Name	,	LJ DELETE				Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ĭ		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STHEE	1 ADDRESS		
CITY-ST-ZIP	The second second		4 4 CiTY-	ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE			Change Addition
name Street address			5.2 NAME 5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE	- Ln		Change Addition
NAME	-		6.2 NAME			
STREET ADDRESS			6.3 STREE	t address		

14. Thereby cortify 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 arrival region or suppliemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath: that I am an officer or director of the corpolation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if change 1. Order an attachment with an address.

11/1/98

**FILED** 

May 28 1998 8:00am

Secretary of State