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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000045637 (2)

CENTSABLE CONNECTIONS, INC.

**FILED** Feb 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					<u> </u>				
TRUM LAPAY CAPE CORAL		4128 SE 9TH CT CAPE CORAL FL 33904							
US COUNT IS SOME		US				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified			
- Date of 100	Constitution of the second sec	TA MANUAL AND THE				06/06/1995			
	lace of Business		2a, Mailing Address			4. FEI Number		Applied For	
21 1 6 7 0 Suite, Apt.	CHITWOOD DR	Suite, Apt. #, etc.				65-0587830	Not Applicable \$8.75 Additional		
22 2	w. 63C.	27 City & State 28 Country				5. Certificate of Status Desired		Fee Required	
City & State	B					6. Election Campaign Financing \$5.00 May Be			
23 FT. My	IERS FL					Trust Fund Contribution Added to Fees			
Zip	Country					8. This corporation owes or has paid the current year Intangible			
24 3390			30					□ No _	
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
ZARECKY, LUCINDA				81	Name				
412	8 SE 9TH COURT		}	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
CAI	PE CORAL FL 33904			83					
				83					
			İ	84	City	FL	85 Zip	Code	
dd Duray and t	to the provisions of Captions CO7 Off	02 and 607 1608 Florida Statuta	s the ph		named oor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap		Ito registered	
SIGNATURE	n familiar with, and accept the oblig	real mid fille it applicable (NOTE	: Flogistered			ired when reinstating) . DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D ZADEOWY ALIONIDA	☐ DELETE	1.1 111				Change	Addition	
NAME STREET ADDRESS	ZARECKY, LUCINDA 4128 SE 9TH COURT		1.2 NA		ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CII		١ ١				
TITLE	P	DELETE			· 20F		Change	Addition	
NAME	ZARECKY, JOHN E		2.2 NA		1	<u>.</u>		<del></del>	
STREET ADDRESS	4128 SE 9TH CT		2.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2. 4 Cf						
TITLE	<u> </u>	DELETE	3.1 TIT				Change	Addition	
NAME			3.2 NA	ME	ļ				
STREET ADDRESS			3.3 ST	REET A	address				
CITY-ST-ZIP			3.4 CI		-ZIP				
TITLE		☐ DELETE	4.1 TIT				☐ Change	Addition	
NAME			4.2 N/						
STREET ADDRESS					DORESS				
CITY-SI-ZIP TITLE		DELETE	4.4 CH 5.1 TiT		- ZIP		Change	Addition	
NAME :		L∃ breen	5.1 III				- Vitalige		
STREET ADDRESS					LDDRESS				
CITY-S1-ZIP			5.4 CIT						
TITLE		DELETE	6.1 717			× ×	Change	Addition	
NAME			6.2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP			6.4 CIT		- 1				

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 of 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: Lucinda Myrecky LucinDA M. ZARECKY

2.23-98 941-433-5333