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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

CORPORATIONS

Principal Place of Business

1996		DIVISION OF		
DOCUMENT # 1. Corporation Name	P9500006	5988	(4	
XCENTRICS, INC.				



City & State City &	801 SEABREEZE BOULEVARD FORT LAUDERDALE FL 33316			801 SEABREEZE BOULEVARD FORT LAUDERDALE FL 33316							
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SUHYDA, EDWARD 801 SEABREEZE BOULEVARD FORT LAUDERDALE FL 33316 84		9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New F	legistere	d Agent	
801 SEABREEZE BOULEVARD FORT LAUDERDALE FL 33316 80	0111110	POLICE				81	Name				
Bell City File Bell	801 SEA	ABREEZE BOULEVARD					Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
Pursuant to the provisions of Sections 602,0502 and 607,1508. Florids Statutes, the above nemest corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Studie changing was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if am registered agent, if am statement to the purpose of changing its registered agent, if am registered agent, if an interest ag	FORT L	AUDERDALE FL 33316				83					
Change C						84	City		F	L 85	Zip Code
1.0	or registere	ed agent, or both, in the State of Floric	Ja. Suol	h chaege was authoriz	red by the c	ve r o po	named corpor oration's boar	ation submits this statement for the pur d of directors. Thereby accept the app	pose of a ointment a	hanging its as registere	registered officed agent I am
12.	SIGNATURE	Stunature, typed or portled hague of reductorous are st	aren hiseer	and more than	Mr. Besieterel	Ас. т		Lyden keretitaen	ĎA¹Ł		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do es not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this amount report or supplemental amount report is rue 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 empowers I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 floring get, or on an attraction of the receiver or trustee.

SIGNATURE:

Edward W Suhyda 4-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR