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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000072095 (9)

DOCUMENT #
1. Corporation Name

**CENTURY CAPITAL CORPORATION** 



							10A 00H0   U   U   U   U   U
Principal Place of Business Mailing Address							
5725 CORPORATE WAY SUITE 205 5725 CORPORATE V WEST PALM BEACH FL 33401 WEST PALM BEACH							
					3. Date Incorporated or Qualified 09/18/1995	3a. Date of	Last Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	•	Applied For
1		26	26		65-0419464		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	<b>├</b>		5. Certificate of Status Desired		8.75 Additional Fee Required
City & Sta	ate	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Ζiρ	Country	Zip	Countr	·	8. This corporation has liability for in	ntangible tax u	nder s. 199.032,
24	25	29	30		Florida Statutes	□No	
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent		·	10. Name and Address of New R	egistered Ag	ent
			8	Name			
BERG, MARJORIE G				Street Add	ress (P.O. Box Number is Not Acceptable	e)	
5725 CORPORATE WAY SUITE 205							
WEST	PALM BEACH FL 33401		8				
			8-	City			35 Zip Code
			•			FL [	20 Exp 0000
familiar v SIGNATURE	with, and accept the obligations of, S	Section 607.0505, Florida Statutes	S.	n 18 Sagarias area resignare	A. I. A. I.	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1 1 1 1 1 1				Change 🔲 Addition
NAME	BERG, MARJORIE G		1.2 NAMI				
STREET ADDRESS		\A.4A.4	13 STRF	ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3		14 CITY				n
TITLE	D 240140V M	DELETE	2 1 TITL	l			Change
NAME	BERG, ZACHARY M 2809 EMBASSY DRIVE		2.2 NAMI				
STREET ADDRESS	WEST PALM BEACH FL 3	22401		ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH PL S	DELETE	2 4 CITY 3 1 Title				Change
TITLE		Decere				LJ	onango [] Madition
NAME			3 2 NAM-	T ADDRESS			
STREET ADDRESS	5		3.3 5:no				
CITY-ST-ZIP		□ DELETE	4 1 111				Change Addition
NAME			4.2 NAM	:			
STREET ADDRESS	s			: 1 ADDRESS			
CITY-S1-ZIP	=		4.4.CITY				
TITLE		DELETE	5 1 TITL				Change Addition
NAME			5.2 NAM	į			
STREET ADDRESS	s		53 STRE	: ADDRESS			
CITY-ST-ZIP			5.4 City	ST-ZIP			
TITLE		☐ DELETE	6 1 TITL				Change 🔲 Addition
NAME			6.2 NAM	·			
STREET ADDRESS	s		6.3 STRE	1 ADDRESS			
CITY-ST-ZIP			6 4 CITY	ST-ZIP			
14. I do her	eby certify that the information suppl	ed with this filing is voluntarily fur	nished and do	es not qualify	for the exemption stated in Section 119.	07(3)(k), Florid	a Statutes. I further

4. For nereby certify that the information indicated on this annual report or supplierental annual report is the 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

HOLDER AND PED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/24/96 407-640-030