FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000078979 (8)**

1. Corporation Name
CENTECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~% ADORNO & ZADER P.A.~~ ~~ONE BOCA PLACE, 2255 GLADES RD SUITE 342W~~ ~~BOCA RATON FL 33432~~	~~% ADORNO & ZADER P.A.~~ ~~ONE BOCA PLACE, 2255 GLADES RD SUITE 342W~~ ~~BOCA RATON FL 33432~~
c/o Adorno & Zeder, P.A.	c/o Adorno & Zeder, P.A.
2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc 27 Suite 1600
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33133 / 25 U.S.	Zip / Country 29 33133 / 30 U.S.

3. Date Incorporated or Qualified: 10/13/1995
3a. Date of Last Report:
4. FEI Number: ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (Title, Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAPPER, NORMAN E NANIMA RD. NEW SOUTH WALES VIA HALL AUSTRALIAN AUSTRALIA 2618 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNTHWAITE, PATRICK M 69 INVESTIGATOR ST. RED HILL AUSTRALIAN AUSTRALIA 2603 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, MAXWELL J 138 A. KANGAROO POINT RD. SYLVANIA SYDNEY NEW SOUTH WALES AUSTRALIA ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001827786 -05/20/96--01007--030 ***233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5.17

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patrick M. Cornthwaite — 6162957371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #