Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90001 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087339

1. Corporation Name

CENTEN	NIAL HUIVIES, INC.				
Principal Place	of Business	Mailing Address		{	A) 19(() (AARA ()100 ()() (010 (01)
8257 S US 1 PORT ST. LUCIE FL 34952 US 8257 S US 1 PORT ST. LUCIE FL 34952 US 8257 S US 1 PORT ST. LUCIE FL 34952 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
2 Principal Pla	ace of Business	2a. Mailing Address		11/14/1995 4. FEI Number	Applied For
	ace of Business	26		65-0629972	Not Applicable
21 Suite, Apt. #	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
GREENWALT, A E 8243 SOUTH US 1 PORT ST. LUCIE FL 34952				ess (P.O. Box Number is Not Acceptable)	
			84 City	F	
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. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, M W JR		1.2 NAME		
STREET ADDRESS	1030U.S. 1 #406		1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL 33408		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VDST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENWALT, A E		2.2 NAME		
STREET ADDRESS	8257 S US 1		2.3 STREET ADDRESS	The statement of the state of the statement of the statem	
CITY-ST-ZIP	PORT ST. LUCIE FL	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		LI DELETE	3.1 TITLE		
NAME			32 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4. 2 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE	1	Change Addition
TITLE		_ 5	5.2 NAME		_ · _
NAME STREET ADDRESS			5.3 STREET ADDRESS	·	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP		•
TITLE CHA-21-71b		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

99 561-871-1866 Daytime Phone #