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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am **Secretary of State**

DOCUMENT # P96000012895					02-01-1999 90005 004 ****150.00		
1. Corporation	DII ((dii))	012030		•			
FRANCI	entral limited, inc.						
							1 1 2 1 2 1 2 1 2 1 2 2 1
Principal Plac	ce of Business	Mailing Address	,		s inhitiant lik terin ertir kerit estit estit Eki	IOC 11010 11201 13111	. 19191 8111 1891
1801 PALM BEACH LAKES BLVD 143 EXECUTIVE CIRCLE							•
SUITE 898 BOYNTON BEACH FL 33436-1835 WEST PALM BEACH FL 33401					DO NOT WRITE IN TH	IS SDACE	
US	DERON PE SONO!	•			3. Date Incorporated or Qualifed		
					02/09/1996	•	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	:		65-0638769	No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			3 , 33, 33, 33, 34, 34, 34, 34, 34, 34, 34		equired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	Zip	Countr	v	Trust Fund Contribution	Added t	to Fees
24	25	29	30	•	This corporation owes the current year in Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of Current				10. Name and Address of New Registere		
	NACE LOOPEL	G Principal	81	1 Name			
	RVIERI, JOSEPH		82	2 Street	Address (P.O. Box Number is Not Acceptable)		
143 EXECUTIVE CIRCLE							
БОТ	YNTON BEACH FL 33436-1835		83	3	一种的人员的过去分 数		
			84	City	্ৰেক্টাৰ কৰি । শীৰ্ষাৰ জিলাৰ স্থাপন কৰিছে কি কৰা স্থাপন কৰিছে বিশ্ব বিশ্ব বিশ্ব কৰিছে বিশ্ব বিশ্য বিশ্ব বিশ্য বিশ্ব বিশ	85 Zip (Code
gregor gray, at a		*			F		
11 Purcuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	tes the abov	/e-named i	corporation submits this statement for the purpose of	of changing its	registered
office or i	registered agent, or both, in the State of	Florida. Such change was a	uthorized by	the corpo	pration's board of directors. I hereby accept the app	ointment as re	aisterea
agent. I a	am familiar with, and accept the obligation	Flonda. Such change was a ons of, Section 607.0505, Flo	uthorized by orida Statute	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as re	gistered
office or agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statute:	S.		ointment as re	gistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statute Registered Age	S.	equired when reinstating) +, 5, 2, 5, 1	,	
SIGNATURE	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statute:	S.	equired when reinstating) / , ; , ; ,	,	
SIGNATURE	am farniliar with, and accept the obligation of registered agent a OFFICERS AND	ons of, Section 607.0505, Floand title if applicable. (NOTE) DIRECTORS	Registered Age	S.	equired when reinstating) +, 5, 2, 5, 1	AND DIRECTO	PRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND DPS CERVIERI, JOSEPH 143 EXECUTIVE CIRCLE	ons of, Section 607,0505, Florand title if applicable. (NOTE DIRECTORS	:: Registered Age 13. 1.1 TITLE 1.2 NAME	S.	equired when reinstating) / , ; , ; ,	AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND DPS CERVIERI, JOSEPH	ons of, Section 607,0505, Florand title if applicable. (NOTE DIRECTORS	:: Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature re	equired when reinstating) / , ; , ; ,	AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND DPS CERVIERI, JOSEPH 143 EXECUTIVE CIRCLE	ons of, Section 607,0505, Florand title if applicable. (NOTE DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature re	equired when reinstating) / , ; , ; ,	AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND DPS CERVIERI, JOSEPH 143 EXECUTIVE CIRCLE BOYNTON BEACH FL 33436-183	ons of, Section 607,0505, Florand title if applicable. (NOTE DIRECTORS	:: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	s. ent signature re	equired when reinstating) / , ; , ; ,	AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent a OFFICERS AND DPS CERVIERI, JOSEPH 143 EXECUTIVE CIRCLE BOYNTON BEACH FL 33436-183	ons of, Section 607,0505, Florand title if applicable. (NOTE DIRECTORS	13. 1.1 TITLE: 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE: 2.4 CITY- 3.1 TITLE	s. ent signature re et ADDRESS ST-ZIP	equired when reinstating) / , ; , ; ,	AND DIRECTO	DRS IN 12
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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 of supplemental annual reports 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 13 if chapted, or on an attainment with any address, with all other like empowered.