## 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 # P96000016218

1. Corporation Name

CENTRES EAST, INC.

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Principal Place	e of Business	N	Mailing Address					1100	######################################	OBIN OR	1113 <b>0 0 10</b> 1 110			
3315 NORTH 124TH ST.			3315 NORTH 124TH ST.											
SUITE E	4111 Q1.		SUITE E											
BROOKFIELD WI 53005 BROOKFIELD WI 53005								DO NOT WRITE IN THIS SPACE						
							3	Date Inc. 02/21/	orporated or Qualife 1996	ed				
2. Principal Pl	ace of Business	28	Mailing Address				4	. FEI Nun	nber			A	pplied For	
21			26					39-184	9154				lot Applicabl	le
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Cortifeat	e of Status Desired		7		Additional	
22			27					. Ceruicai	e or Status Desired			Fee F	Required	
City & State	8		City & State				6	. Election	Campaign Financin	g c	7	\$5.00	May Be	
23			28					Trust Fu	nd Contribution		_	Added	I to Fees	
Zip Country			Zip Country				8	. This cor	poration owes the c	urrent	year Inta	ngible	_	
24	25	29		30				Persona	Property Tax.			Yes	□No	_
	9. Name and Addre	ess of Current Regi	stered Agent				10	. Name a	nd Address of Nev	v Reg	stered A	gent		_
					81	Name								
	/IN, ARNOLD		•		82	Street A	Address (	P O Box	Number is Not Acce	ntable	1	<del></del> .		-
2 DATRAN CENTER, STE 1528						OHOU!	( Address (F.S. Box (Admiss) to Not Acceptable)			<b>,</b>				
	SOUTH DADELAND	BLVD			83									
MIAM	11 FL 33156											oe Zie	Code	∤
					84	City					FL	85 Zip	Code	ĺ
11. Pursuant	to the provisions of Sec	tions 607.0502 and	607.1508, Florida Statul	es, the a	pove	s-named o	corporation	on submits	this statement for t	he pur	pose of c	hanging it	s registered	<b>1</b>
office or re	egistered agent, or both	ղ, in the State of Flor	rida. Such change was a	uthonzed	ועסנ	the corpor	ration's b	ooard of di	rectors. I hereby acc	cept th	e appoint	tment as i	egistered	
agent. i ai	m tamiliar with, and acc	ept the obligations of	of, Section 607.0505, Flo	niua Siai	utos.	•								
SIGNATURE														- 1
SIGNATURE	Signature based or printed para	e of registered agent and title	a if applicable (NOTE	Registered	Apent	t signature re	quired when	reinstating)			DATE			
	Signature, typed or printed nam			Registered	Agent	it signature re	quired when		NS/CHANGES TO		ERS AND			
12.	(	e of registered agent and title DFFICERS AND DIR				it signature re	quired when		NS/CHANGES TO		ERS AND	DIRECT		_
12.	F		ECTORS	13.	TLE	at signature re	/۵	ADDITIO		OFFIC	ERS AND	Change	Addit	tion
12. TITLE NAME	F KARL, KENNTH B	OFFICERS AND DIR	ECTORS	13. 1.1 Ti 1.2 N	TLE AME		/۵	ADDITIO		OFFIC	ERS AND	Change	Addit	tion
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	F KARL, KENNTH B 9130 SOUTH DADE MIAMI FL 33156	OFFICERS AND DIR	ECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	TLE AME TREET	ADDRESS	/۵	ADDITIO		OFFIC	ERS AND	Change	1528	tion
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	F KARL, KENNTH B 9130 SOUTH DADE MIAMI FL 33156 VST	ELAND BLVD	EECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti	TLE AME TREET TY-ST	ADDRESS	/۵	ADDITIO		OFFIC	ERS AND	Change d, #	Addit	tion
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	F KARL, KENNTH B 9130 SOUTH DADE MIAMI FL 33156 VST NENNIG, MICHELLI	ELAND BLVD	EECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni	TLE AME TREET TY-ST TLE AME	ADDRESS	/۵	ADDITIO		OFFIC	ERS AND	Change d, #	Addit	tion
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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 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. CITY-ST-ZIP

SIGNATURE: `

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90223 008 \*\*\*150.00