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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000048203 (9)

VIBRA-CENT TECHNOLOGY, INC.

Principal Place of Business Mailing Address 6504 WEST KNIGHTS GRIFFIN ROAD 8504 WEST KNIGHTS GRIFFIN ROAD PLANT CITY FL 33565-3724 PLANT CITY FL 33565 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1996 4. FEI Number Applied For 2. Principa' Place of Business 2a. Mailing Address 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intengible tax under s. 199.032, Yes No 29 Florida Statutes 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 JURNIGAN, JAMES L 6504 WEST KNIGHTS GRIFFIN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 83 84 Zip Code 85 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: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change resident 1.1 TITLE THLE 1.2 NAME NAME W. Knights - Griffia 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - S1 - 74P DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 3.1 TITLE [] Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREEL ADDRESS 3.4. CITY-ST-ZIP C(1Y-S1-ZIP Change DELETE Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7/P Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAMS STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CHTY-ST-ZIP CITY - ST - 7IP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAMÉ STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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.

SIGNATURE:

ATURA AND TYPED OR PRINTED NAME OF SIG

L Henry

14-14-97 813-986-680

FILED

Apr 24 1997 8:00am

Secretary of State