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FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053657

1. Corporation Name
CENTREFUND DEVELOPMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 1:01



Principal Place of Business
2401 PGA BOULEVARD
SUITE 280
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BOULEVARD
SUITE 280
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		06/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		APPLIED FOR 65-0805813	
City & State		City & State		Applied For	
3		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		☐ \$8.75 Additional Fee Required	
4		30		6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				☐ Yes ☒ No	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIENER, DAVID J
1400 CENTRE PARK BOULEVARD
SUITE 1400
WEST PALM BEACH FL 33410

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2401 PGA Boulevard
83 Suite 280
84 City
Palm Beach Gardens FL 33410

I, David J. Wiener, being duly sworn, depose and say that the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the contents of the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

2-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	PRESTON, JOHN W.S.	1.2 NAME	200002943312
STREET ADDRESS	2401 PGA BOULEVARD, SUITE 168	1.3 STREET ADDRESS	-07/27/99--01076--004
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-STATE-ZIP	****150.00 ****150.00
TITLE	D	2.1 TITLE	
NAME	PRESTON, JOHN W.S.	2.2 NAME	
STREET ADDRESS	2851 JOHN STREET SUITE ONE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MARKHAM ONTARIO L3R5R7	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	VPST
NAME		3.2 NAME	GREEN, ROBERT S.
STREET ADDRESS		3.3 STREET ADDRESS	2851 JOHN STREET, SUITE ONE
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	MARKHAM, ONTARIO, CANADA L3R5R7
TITLE		4.1 TITLE	D
NAME		4.2 NAME	COHEN, PETER F.
STREET ADDRESS		4.3 STREET ADDRESS	2851 JOHN STREET, SUITE ONE
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	MARKHAM, ONTARIO CANADA L3R5R7
TITLE		5.1 TITLE	DVPAS
NAME		5.2 NAME	BERNICK, LARRY
STREET ADDRESS		5.3 STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	BARRY, W. MARK
STREET ADDRESS		6.3 STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on my attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry Bernick, Vice President

2-9-99

561-624-9500

Use

Daytime Phone