

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

APPROVED  
AND  
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98 NOV 16 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

DOCUMENT # **P96000070019 (0)**

1. Corporation Name  
**XXI CENTURION, CORP.**

Principal Place of Business

**1770 E LAS OLAS BLVD STE 501  
FT LAUDERDALE FL 33301**

Mailing Address

**1770 E LAS OLAS BLVD STE 501  
FT LAUDERDALE FL 33301-2432**



**REINSTATEMENT 97-98**

3. Date Incorporated or Qualified  
**08/22/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 6901 SW 18th ST.**

Suite, Apt. #, etc.

**22 BOCA RATON, FL**

City & State

**23**

Zip

**24 33433**

Country

**25 USA**

2a. Mailing Address

**26 SAME AS Principal**

Suite, Apt. #, etc.

**27 PLACE OF BUSINESS**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**65-0690512**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AULENSI, GREGORY  
1770 E LAS OLAS BLVD STE 501  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

**AULENSI, GREGORY**

82 Street Address (P.O. Box Number is Not Acceptable)

**6901 SW 18th STREET**

83

84 City

**BOCA RATON**

FL

85 Zip Code

**33433**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**11/13/98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **AULENSI, GREGORY**  
STREET ADDRESS **1770 E LAS OLAS BLVD STE 501**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **PRESIDENT** ☐ DELETE

NAME **AULENSI, GREGORY**  
STREET ADDRESS **6901 SW 18th STREET**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**400002692744--8**  
**-11/20/98-01060-006**  
**\*\*\*\*900.00 \*\*\*\*900.00**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE REQUIRED

**11-13-98 561-46-2127**

CR2E034 (9/96)