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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000080081** (8)

## CENTAUR INTERNATIONAL, INC.

rnndipai riadi	e or business	Mailing Address	Mailing Address				haint saite.	38177 <b>48</b> 181 1814	)
4162 BROOKMY ORLANDO FL 3		4162 BROOKMYRA DRIVE ORLANDO FL 32837-5109							
						3. Date Incorporated or Qualified 09/25/1998	3a. Da	ate of Last F	Report
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26				59-3408720			ot Applicable
Suite, Apt. #, etc 22		27				5. Certificate of Status Desired			Additional equired
City & State	е	City & State	<b>⊢</b> ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip <b>24</b>	Country 25					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre					10. Name and Address of New Re	7		
SPA	LDING, RICHARD D		81		Name				
	2 Brookmyra Drive Ando Fl 32737		82	2	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
V112	ALIDO I E GETOT		83	3					
			84	1	City	The state of the s	FL	<b>85</b> Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was au	uthorized b	)V t	the corporati	oration submits this statement for the pion's board of directors. I hereby acception	urpose of t the app	changing i ointment as	ts registered registered
SIGNATURE	Signatura typad or primodinar elaf registered a	pent and tille dano reable (NOTE	Registered Ac	nent	t signature requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.		- agrado (equit	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	AS IN 12
TITLE	D	DELETE	1.1 TITLE					Change	Addition
NAME	SPALDING, RICHARD D		1.2 NAME						
STREET ADDRESS	4162 BROOKMYRA DRIVE		13 STREE	T A	DDRESS				
CITY - ST - ZIP	ORLANDO FL 32737	ne, ere	1.4 CITY-		-ZIP				
TITLE		☐ DELETE	21 TITLE					L Change	Addition Addition
NAME Profes Apprece			2 2 NAME		Phores.				
STREET ADDRESS CITY-ST-ZIP			2 3 STREE		į.				
TITLE		DELETE	2 4 CITY- 31 TITLE	- 51	-1r			Change	Addition
NAME			3.2 NAME			K.	<del>. "</del> "		
STREET ADDRESS			3.3 STREE	TA	(DDRESS				
CITY - ST - 712			3.4. CITY -	ST-	- ZIP		•		
T∷TL€		☐ DELETE	4.1 TITLE				***************************************	Change	Addition
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T AI	DDRESS				
DITY-S1-ZiP			4.4 CITY -	ST-	- ZIP				
TITLE		☐ DELETE	5.1 TITLE					L Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE			-			
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-	· ZIP			T 1 6	A A A A A A A A A A A A A A A A A A A
TITLE		ר") הנונונ	6.1 THTLE					L Change	Addition
NAME CIRCLE ANDRESS			6.2 NAME		DDDECC				
STREET ADDRESS CITY-ST-ZIP			6.3 STREE						
14. I do heren	by certify that the information suppli	ed with this filing does not qualify	6.4 CITY-	em	notion stated	I in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the
Informatio	in indicated on this annual renort or	-sunniemental annual report is tru	ie and acc	11153	ate and that	my signature shall have the same lega t as required by Chapter 607, Florida S	l offect oc	if mada ua	dar aath: that