COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90003 022 ***558.75

OCUMENT #

P96000089571

Corporation	Name F 30000	003071				_	
CENSOF	T. INC.				ļ		
	.,				ŀ	1 (001) 001 (10 12) 10 41) 11 90() 10() 10() 10()	N
ncipal Place of Business Mailing Address				I (BBHBB) 310 IQUA GUU GUU GBU BESU BESU BUU SUU SUU SUU SUU GUU I		#1 20110 10101 01111 10301 (101 1331	
) S.E. 8TH A	VENUE	900 S.E. 8TH AVEN	UE				
ITE 301 SUITE 301				•		DO NOT WRITE IN THIS SPACE	
ERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 US				н		3. Date incorporated or Qualified	
		•				10/23/1996	
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
		26	26			65-0748708	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
		27				Fee Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added to Fees
Žìp	Country	Zip	—	untry		8. This corporation owes the current year	Yes No
	25 9. Name and Address of Current	Posistored Agent	30	<u> </u>		Intangible Personal Property. 10. Name and Address of New Registered	
	9. Haile and Address of Current	Kedisteren yanır	•	81 Name		2 0	
PANDOLFI, EUGENE G					EUGENE G. ANDOLFI		
900 S.E. 8TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 301				83	•	. 10	
DEE			84 City O			85 Zip Code	
			84 City Boca RATON FL 85 Zip Code 33496			- 33496	
Pursuant t	to the provisions of sections 607.0502	and 607.1508, Florida S	tatutes, the a	bove-named o	ornorat	ion submits this statement for the purpose of cl	nanging its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change,	was authorize	ed by the come	oration'	's board of directors. I hereby accept the appo	Intment as registered
NATURE _	Enema 9. t	aulot-	ELENE		and	VIII PRESIDENC 9/1	1/999
	Signature, typed printed name of registered agent			tered Agent signatur	re require		ID DIDECTORS IN 45
	OFFICERS AND		13	,	-	ADDITIONS/CHANGES TO OFFICERS AT	
:	PSTD PANDOLEL FLICENE C	L DELE	'- I	TLE	Ρ,	/D	Change
-	PANDOLFI, EUGENE G 900 S.E. 8TH AVENUE, SUITE 301			1.2 NAME 1.3 STREET ADDRESS			
ET ADDRESS	DEEDELE DELOUI EL COAAA			1.4 CITY-ST-ZIP			
ST-ZIP	DEERINGED BEAGIFFE 35441	DELE		•			Change Addition
.	TAPLIN, NORMAN	A	-	IAME			
ET ADDRESS _	THE MODEL PLANED OFFICE AND			2.3 STREET ADDRESS			
\$T-ZIP	WEST BALLA BEACH EL GOAGA			2.4 CITY-ST-ZIP			
:	DV	DELE	TE 3.1 T	TITLE			Change Addition
:	BARONOFF, PETER		3.2 N	IAME `			
ET ADDRESS	929 CLINT MOORE ROAD		3.3 S	TREET ADDRESS			
ST-ZIP	ZIP BOCA RATON FL 33487			3.4 CITY-ST-ZIP			k=1
		DELE	ΓE 4.1 7	TILE	Le	LETA PANDOLFI-SITID	Change Addition
:				AME [90	10 SS 8TH ALIO - Soute	2 30/
ET ADDRESS				4.3 STREET ADDRESS		100 SE 8TH Ave-Suite 30/ Deenfield Beach FL 3344/	
ST-ZIP				ITY-ST-ZIP	10	ELLITTE 10 DEALY PL 3.	
.		DELE	'- I	IAME			Change Addition
ET ADDRESS				TREET ADDRESS			
ET ADDRESS				CITY-ST-ZIP			
ST-ZIP		DELE		TITLE			Change Addition

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.

6.2 NAME 6.3 STREET ADDRESS

GNATURE:

ET ADDRESS

9/1/1999 954698-1020

CR2E034 (5/99)