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

STREET ADDRESS

14. Thereby certify that the informal indicated on this armual report officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

CITY-ST-ZIP

May 28 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socrelary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000059209 (1) CENTREFUND FLORIDA, INC. Principal Place of Business Mailing Address 2401 PGA BLVD. STE 168 PALM BEACH GARDENS FL 33410 2401 PGA BLVD. STE-168-PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zin Country 8. This corporation owes or has paid the current year Inlangible 29 Yes ☐ No 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BARKDULL, JAYNE R 1400 CENTREPARK BLVD. STE. 1400 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33401** 83 City Zip Code 11. Pursuant to the previsions 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typical or printed isomis of anyl-terest agent modifice if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PRESTON, JOHN W 1.2 NAME NAME 2401 PGA Blvd Ste 280 2401 PGA BLVD. STE. 168 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Ghange Addition TITLE 2.1 TITLE GREEN, ROBERT S 2.2 NAME 2401 PGA Blud St. 280 2401 PGA BLVD. STE. 168 STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 2.4 CITY - ST - 7IP DELETE Change ■ Addition TITL F 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3 4. CITY - S1 - ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change __ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP TITLE DELETE 61 THE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

ment with an address

Mox 1/58

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all about a report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an edujver or Itustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED