

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90013 020 ***150.00

430004

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000065336**

1. Corporation Name
CENTORQUE MFG., INC.



Principal Place of Business: 1155 HILLSBORO MILE, SUITE 602, HILLSBORO BEACH FL 33062-1744
 Mailing Address: 1155 HILLSBORO MILE, SUITE 602, HILLSBORO BEACH FL 33062-1744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1998**

4. FEI Number: **65-0857907** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
LEIBOWITZ, PATRICIA
1155 HILLSBORO MILE, SUITE 602
HILLSBORO BEACH FL 33062-1744

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: D DELETE
 NAME: **LEIBOWITZ, MARTIN**
 STREET ADDRESS: **1155 HILLSBORO MILE, SUITE 602**
 CITY-ST-ZIP: **HILLSBORO BEACH FL 33062-1744**

TITLE: D DELETE
 NAME: **LEIBOWITZ, PATRICIA**
 STREET ADDRESS: **1155 HILLSBORO MILE, SUITE 602**
 CITY-ST-ZIP: **HILLSBORO BEACH FL 33062-1744**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME: **Leibowitz, MARTIN N.**
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:

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

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

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

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

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

14. 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, with all other like empowered.

SIGNATURE: *Patricia Leibowitz* Sec. / Insp 3-8-99 954-480-6485

CR21:034 (11/98)