## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S97212 CENTENNIAL CENTRAL, INC. Principal Place of Business Mailing Address 4520 36 ST. 2500 NW 39 ST ORLANDO FL 32811 MIAMI FL 33142 US 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1991 02/22/1995 2. Principal Place of Business 21 2500 N.W. 39 M STRUM 2a. Mailing Address 4. FEI Number Applied For 65-0308159 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required Oity & State Crty & State 6. Election Campaign Financing \$5.00 May Be mami 23 28 Trust Fund Contribution Added to Fees Country 25 V 3 A Country B. This corporation has liability for intangible tax under s 199.032, 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STAMM, WARREN J 82 Street Address (P.O. Box Number is Not Acceptable) THE CENTENNIAL GROUP 2500 NW 39TH STREET 83 **MIAMI FL 33142** 84 City 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: typed or punied name of registered agest and their applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TOLE 1. 1 TITLE ☐ Change ☐ Addition BARR, ARTHUR 1.2 NAME 2500 NW 39 ST STHEET ADDRESS 1.3 STREET ADDRESS MIAMI FL CHY St ZiP 14 CITY-ST-ZIP DELETE TILE Addition 2 1 TITLE ☐ Change PASCUCCI, SAM NAM: 22 NAME 2500 NW 39 ST STREET ADDRESS. 23 STREFT ADDRESS MIAMI FL CITY ST ZIP 24 CITY-ST-ZIP N DELETE THILE 3 1 TITLE Change ☐ Addition MANNING, MICHAEL NAME 3.2 NAME 4520 36 STREET STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CHTV+ST+7IP 3.4 CITY - ST - ZIP 100 DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS Cly St-ZF 4.4 CITY - \$T - ZIP DELETE Table 5 1 TITLE Change ☐ Addition NAM: 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP DELETE 10L F 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Sopration or the receiver or ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(305)634-8800

pration or the receiver or on an attachment with e

OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or

SIGNATURE: <