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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **857351** (1)
 1. Corporation Name
CENTIN CORPORATION



Principal Place of Business: **120 NORTH LIME ST LANCASTER PA 17603 US**
 Mailing Address: **120 NORTH LIME ST LANCASTER PA 17602-2951 US**

3. Date Incorporated or Qualified: **08/08/1983** 3a. Date of Last Report: **01/30/1996**
 4. FET Number: **23-2220465** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. City 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. City

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	ST FARRELL, JONATHAN P <input checked="" type="checkbox"/> DELETE	13.1 TITLE	Secretary - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 STREET ADDRESS	120 NORTH LIME ST LANCASTER PA	13.2 NAME	WERNER B.C.
12.3 CITY - ST - ZIP	LANCASTER PA	13.3 STREET ADDRESS	49.5 HOWARD AVE
12.4 TITLE	PD <input type="checkbox"/> DELETE	13.4 CITY - ST - ZIP	Ephrata PA 17522
12.5 NAME	LANGAN, PAUL R. <input type="checkbox"/> DELETE	13.5 TITLE	
12.6 STREET ADDRESS	120 N. LIME ST. LANCASTER PA	13.6 NAME	
12.7 CITY - ST - ZIP		13.7 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY - ST - ZIP	
12.9 NAME		13.9 TITLE	
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY - ST - ZIP		13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY - ST - ZIP	
12.13 NAME		13.13 TITLE	
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY - ST - ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY - ST - ZIP	
12.17 NAME		13.17 TITLE	
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY - ST - ZIP		13.19 STREET ADDRESS	
12.20 TITLE		13.20 CITY - ST - ZIP	

14. I, the undersigned, 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 is stated 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.

SIGNATURE: *B.C. Werner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/21/97**

CR2E034 (9/96)