

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L64318** (3)

1. Corporation Name
C E S TECHNOLOGIES, INC.

Principal Place of Business 1910 NW 54 AVE MARGATE FL 33063 US	Mailing Address 1910 NW 54 AVE MARGATE FL 33063-3701 US
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2. Principal Place of Business 21 2301 SE 9 St. Suite, Apt. #, etc.		2a. Mailing Address 26 2301 SE 9 St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 05/01/1996
22 Pompano Beach, FL		27 1		4. FEI Number 65-0187124	Applied For Not Applicable
23 Pompano Beach, FL		28 Pompano Beach, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33062 USA		29 33062 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 USA		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DELMONACO, KATHERINE 4271 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33086		10. Name and Address of New Registered Agent 81 Name BOB STENGEL 82 Street Address (P.O. Box Number is Not Acceptable) 2301 SE 9 St. 83 84 City Pompano BE FL 85 Zip Code 33062	
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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 *[Signature]* **VP BOB STENGEL** **23 Apr 97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELMONACO, TERRY		1.2 NAME	
STREET ADDRESS 4271 CARAMBOLA CIR S		1.3 STREET ADDRESS	
CITY- ST- ZIP COCONUT CREEK FL		1.4 CITY- ST- ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STENGEL, BOB		2.2 NAME	
STREET ADDRESS 2301 SE 9 ST.		2.3 STREET ADDRESS	
CITY- ST- ZIP POMPANO FL		2.4 CITY- ST- ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RENWICK, MARK		3.2 NAME	
STREET ADDRESS 11851 NW 37 PL		3.3 STREET ADDRESS	
CITY- ST- ZIP SUNRISE FL		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **BOB STENGEL** **23 Apr 97** **954 723-5728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)