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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84427

(7)

C.E. PRICE, CORP. Principal Place of Business Mailing Address 10581 NW 53RD ST 10581 NW 53RD ST SUNRISE FL 33351-8073 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1988 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0053376 21 26 Not Applicable Suite, ApI #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERNANDEZ, DAVID 210 N UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) STE 502 **CORAL SPRINGS FL 33071** 83 City 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 Signature, Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. **VPD** ☐ Change Addition DELETE 1.1 TITLE TITLE RUSSLYN, P. PRICE 1.2 NAME NAME 8445 NW 168TH TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY - ST - ZIF 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE PRICE, CHARLES E. NAME 2.2 NAME 8445 NW 168TH TERR 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TOTLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIBLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE 62 NAME NAME STREET ADORESS 6.3 STREET ADDRESS

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 inclicated 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

954-741-0143 01-17-97 305-940-2697

FILED

Jan 23 1997 8:00am

Secretary of State