

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

4-23-96B-4149-C (0)

DOCUMENT # **P41072**
1. Corporation Name
CEI ENGINEERING ASSOCIATES, INC.



Principal Place of Business		Mailing Address	
110 WEST CENTRAL BENTONVILLE AR 72712		110 WEST CENTRAL BENTONVILLE AR 72712	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	25	29
Country	Country	30	

3. Date Incorporated or Qualified 10/21/1992	3a. Date of Last Report 04/04/1995
4. FEI Number 71-0657673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**C T 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SHUPE, C. MICHAEL	
STREET ADDRESS	107 N. PLEASANT RIDGE DR.	
CITY-ST-ZIP	ROGERS AR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLMES, ROBERT E.	
STREET ADDRESS	2002 TIMBER TRAIL	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, LINDA K.	
STREET ADDRESS	721 ROCK CLIFF RD	
CITY-ST-ZIP	FAYETTEVILLE AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREDEEN, L. DOUGLAS	
STREET ADDRESS	804 FOX FIRE LANE	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLEMMONS, CAROLE M.	
STREET ADDRESS	1201 N.W. 3RD ST.	
CITY-ST-ZIP	BENTONVILLE AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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: *Linda K. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (501) 273-9472

CRCE034 (12/95)