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

G/L # 5280102

DOCUMENT # **P93000040284 (0)**

1. Corporation Name

C E S ACQUISITION CORP.

Principal Place of Business	Mailing Address
931-218 SOUTH SEMORAN BLVD. WINTER PARK FL 32792	931-218 SOUTH SEMORAN BLVD. WINTER PARK FL 32792

3. Date Incorporated or Qualified: **06/01/1993**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business	2a. Mailing Address
21 925 SOUTH SEMORAN BLVD	26 925 SOUTH SEMORAN BLVD
22 Suite, Apt. #, etc.: STE 122	27 Suite, Apt. #, etc.: STE 122
23 City & State: WINTER PARK, FL	28 City & State: WINTER PARK, FL
24 Zip: 32792 25 Country: USA	29 Zip: 32792 30 Country: USA

4. FEI Number: **59-3187828** ☐ 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

9. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE
ORLANDO FL 32803

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEGGE, RICHARD C JR		12 NAME		
STREET ADDRESS	5404 ENDICOTT PLACE		13 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	P,D	☒ Change ☐ Addition
NAME	MERCURIO, WILLIAM C		22 NAME	MERCURIO, WILLIAM C	
STREET ADDRESS	2305 BAY AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	MATTITUCK NY		24 CITY-ST-ZIP		
TITLE	~~P,D~~	☐ DELETE	31 TITLE		☐ Change ☒ Addition
NAME	~~BESS ELLIS L~~		32 NAME		
STREET ADDRESS	~~504 YORKSHIRE DR.~~		33 STREET ADDRESS		
CITY-ST-ZIP	~~OVIEDO, FL~~		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE		☐ Change ☒ Addition
NAME	LOHAN, PATRICK G.		42 NAME		
STREET ADDRESS	629 PRAIRIE LANE		43 STREET ADDRESS		
CITY-ST-ZIP	ALTA MONTE SPRINGS, FL		44 CITY-ST-ZIP		
TITLE	S,T	☐ DELETE	51 TITLE		☐ Change ☒ Addition
NAME	DAUGHERTY LAURIE A		52 NAME		
STREET ADDRESS	21824 CARLSBAD CT		53 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☒ Addition
NAME	ALAMPI, JERRY		62 NAME		
STREET ADDRESS	24 FOX COURT		63 STREET ADDRESS		
CITY-ST-ZIP	OYSTER BAY COVE SYOSSET, NY		64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Laurie Daugherty LAURIE DAUGHERTY 5/17/96 (407) 679-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #