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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY+ST-ZIP



FLORIDA DEPARTMENT OF STATE

Jun 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400016007 (4)

CEM C	onsultants national	, INC.				
Principal Place of Business Mailing Address						191 OO 101 1/18/8 DANIA 80111 OO 111 180/ 103/
3525 EAST FORT KING G-143 P.O. BOX 357 OCALA FL 34471 OCALA FL 34478-0357						
					3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last Report 07/08/1996
<u>}</u>		2a. Mailing Address	2a. Mailing Address 26		4, FEI Number 59-3237764	Applied For Not Applicable
Sulte, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				···-	6. Election Campaign Financing	\$5.00 May Bo
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Ζφ	Countr	У	8. This corporation has liability for	
24	25 25 Name and Address of Cur	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		Florida Statutes 10. Name and Address of New R	☐ Yes ☑ No egistered Anent
RII	LLARD, J. WARREN		81	l Name		
631 SOUTHEAST 40TH AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
00	CALA FL 34471		8:	J		
			84	1 City		85 Zip Code
office or agent. I SIGNATURE					poration submits this statement for the alion's board of directors. I horeby accention when religious transfer when religious transfer the state of	pt the appointment as registered
12.	·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D MCDONALD, CAREY E	☐ DELETE	1.1 TILLE 1.2 NAME	}		Change L Add-tion
STREET ADDRESS	STREET ADDRESS 3525 EAST FORT KING, G-143			1 ADDRESS		
GITY-ST-ZIP TITLE	OUNDA PL 34471	DELITE	1.4 CITY- 2.1 TITLE			Change Addition
NAME	. —		22 NAME			
STREET ADDRESS			23 STATE	T ADDRESS		
CiTY-ST-ZiP			2 4 CITY	- S1 - ZiP		
TITLE	☐ DELETE		3.1 1111.6			Change L Addition
NAME			3.2 NAM(
STREET ADDRESS CITY-ST-ZIP			3.3 STREE	ET ADORESS		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAM	E.		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5 1 1HLE			Change L Addition
NAME CIDECT ADDRESS			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREE 5.4 CITY	T ADDRESS		
TITLE		DECETE	6.1 TILE		~ 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Change Addition
NAME			6.2 NAME			

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 logal 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