

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64318** (3)
1. Corporation Name
C E S TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1910 NW 54 AVE MARGATE FL 33063 US	1910 NW 54 AVE MARGATE FL 33063 US

3. Date Incorporated or Qualified 04/09/1990		3a. Date of Last Report 04/27/1995	
4. FEI Number 65-0187124		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			

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DELMONACO, KATHERINE 4271 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066		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

Katherine Delmonaco

NOTE: Forged Agent Signature required when not stating so

0421

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DELMONACO, TERRY 4271 CARAMBOLA CIR S COCONUT CREEK FL	☐ DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STENGEL, BOB 2301 SE 9 ST. POMPANO FL	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RENWICK, MARK 11851 NW 37 PL SUNRISE FL	☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 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; changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING
TERRY DELMONACO

4-29-96

954-970-8282

CR2E034 (12/95)