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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33063-3701 US

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2301 SE 9 St.
22: Suite, Apt. #, etc.
23: City & State: Pompano Beach, Fl
24: Zip: 33062
25: Country: USA

2a. Mailing Address
26: 2301 SE 9 St.
27: Suite, Apt. #, etc.: 1
28: City & State: Pompano Beach, Fl
29: Zip: 33062
30: Country: USA

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

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

10. Name and Address of New Registered Agent
81 Name: Bob Stengel
82 Street Address (P.O. Box Number is Not Acceptable): 2301 SE 9 St.
83:
84 City: Pompano Be, FL 85 Zip Code: 33062

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] VP Bob Stengel — 23 Apr 97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELMONACO, TERRY		1.2 NAME	
STREET ADDRESS	4271 CARAMBOLA CIR S		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STENGEL, BOB		2.2 NAME	
STREET ADDRESS	2301 SE 9 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RENWICK, MARK		3.2 NAME	
STREET ADDRESS	11851 NW 37 PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: [signature] Bob Stengel — 23 Apr 97 — 954 723-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #