

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90078 047 \*\*\*150.00

**DOCUMENT # 476820**

1. Corporation Name  
**CAE, INC.**

Principal Place of Business  
**1415 SOUTH GREENWOOD AVENUE  
CLEARWATER FL 34616**

Mailing Address  
**1415 SOUTH GREENWOOD AVENUE  
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/27/1975**

4. FEI Number  
**59-2106857**

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 **2233 BASCOM WAY**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2233 BASCOM WAY**  
Suite, Apt. #, etc.

City & State  
23 **CLEARWATER, FL**

City & State  
28 **CLEARWATER, FL**

Zip Country  
24 **33764** 25 **PINELAS**

Zip Country  
29 **33764** 30 **PINELAS**

9. Name and Address of Current Registered Agent

**COLSON, FRANK  
1186 FAY AVENUE  
LARGO FL 33541**

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 *Frederick Colson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLSON, FRANK	
STREET ADDRESS	1415 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLSON, ROSE	
STREET ADDRESS	1415 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLSON, FREDERICK	
STREET ADDRESS	1415 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLSON, DEBRA A.	
STREET ADDRESS	1415 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2233 BASCOM WAY.</b>
3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33764</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2233 BASCOM WAY</b>
4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33764</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Frederick Colson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-99 727-799-3364**  
Date Daytime Phone #

CR2E034 (11/98)