

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **594176** (0)

1. Corporation Name

C.E.L. EMPLOYMENT COMPANY, INC.



Principal Place of Business

Mailing Address

**11231 SW 69TH COURT
MIAMI FL 33156-1729**

**11231 SW 69TH COURT
MIAMI FL 33156-1729**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

**ROBBINS, LAWRENCE J.
11231 S.W. 69TH COURT
MIAMI, FL LP 33156**

3. Date Incorporated or Qualified	3a. Date of Last Report
11/27/1978	03/20/1995
4. FEI Number	Applied For Not Applicable
59-1869381	
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
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 607.0522 and 607.1504, 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.

SIGNATURES

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME	☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY-STATE-ZIP		14 CITY-STATE-ZIP	
15 NAME	☐ DELETE	15 TITLE	☐ Change ☐ Addition
16 NAME		16 NAME	
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY-STATE-ZIP		18 CITY-STATE-ZIP	
19 NAME	☐ DELETE	19 TITLE	☐ Change ☐ Addition
20 NAME		20 NAME	
21 STREET ADDRESS		21 STREET ADDRESS	
22 CITY-STATE-ZIP		22 CITY-STATE-ZIP	
23 NAME	☐ DELETE	23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY-STATE-ZIP		26 CITY-STATE-ZIP	
27 NAME	☐ DELETE	27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY-STATE-ZIP		30 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence J. Robbins

LAWRENCE J. ROBBINS

1/22/96 (305) 757-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)