

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sherida B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H97674** (6)
1. Corporation Name
C.E.P.G.P., INC.



Principal Place of Business
**201 CRANDON BLVD. #174
KEY BISCAYNE FL 33149**

Mailing Address
**201 CRANDON BLVD. #174
KEY BISCAYNE FL 33149**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **02/05/1986**
3a. Date of Last Report **03/10/1995**
4. FLE Number **59-2645898**
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

g. Name and Address of Current Registered Agent
**KASKY, ROBERT A.
2021 TYLER STREET
HOLLYWOOD FL 33020**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 must be printed name of registered agent and the name of the corporation.

Signature must be printed name of registered agent and the name of the corporation.

DATE

12. OFFICERS AND DIRECTORS
[] DELETE
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
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 registered agent or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Log# 11-110000

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