FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91073 (3)

1. Corporation Name
CSE, INC.

Principal Place of Business	Mailing Address
100 - 2ND ONE NO STE - 210 ST PETERSBURG FL 33701 US	100 2ND ONE NO STE - 210 ST PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6161 9TH STREET N	26 6161 9TH STREET N.
22 Suite, Apt. #, etc. STE 202	27 Suite, Apt. #, etc. STE 202
23 City & State ST. PETERSBURG FL	28 City & State ST. PETERSBURG FL
24 Zip 33703 25 Country US	29 Zip 33703 30 Country US

4. FEI Number: 59-2899210 ☐ 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

ADAMS, LYNN
100-2RD ONE NO
STE - 210
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: MARK T. FREEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 6161 9TH STREET N
83: SUITE 202
84 City: ST. PETERSBURG FL 85 Zip Code: 33703

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: COD 4/3/95
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	PD	11 TITLE	S D	☒ Change ☐ Addition
NAME	ADAMS, ALLAN W.	12 NAME		
STREET ADDRESS	300 BELLAIRE DR. N.E.	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	PTD	☒ Change ☐ Addition
NAME	ADAMS, LYNN K.	22 NAME		
STREET ADDRESS	300 BELLEAIR DR. N.E.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VD	☐ Change ☒ Addition
NAME		32 NAME	~~[illegible]~~ FREEMAN, MARK T.	
STREET ADDRESS		33 STREET ADDRESS	115 - 112TH AVE N. #110	
CITY-ST-ZIP		34 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: 4/3/95 528-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK T. FREEMAN

0448120 FP