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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K24806

(7)

C E O ASSOCIATES, INC.

## **FILED** Mar 26 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address								
101 SUNNYTO		101 SUNNYTOWN ROAD	101 SUNNYTOWN ROAD							
SUITE 200 CASSELBERR	Y FL 32707	SUITE 200 CASSELBERRY FL 32707			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 05/26/1988				
	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	optied For	
21		Suite, Apt. #, etc.			59-2892773		4 2 2 2	ot Applicable		
Suite, Apt.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be				
City & State	•	City & State	28			6. Election Campaign Financing Trust Fund Contribution		<b>4</b>	May Be to Fees	
Zip	Country	Zip Country								
24	<del>}</del> -1 '	25 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Currer					10. Name and Address of New R	egistered /	\gent		
	BAKER, CLYDE E.			81	Name					
	8. LAKEMONT AVE		ļ.	82	Street Address (P.O. Box Number is Not Acceptable)					
Wir	NTER PARK FL 32792			83				<u></u>		
				84	City		FL	85 Zip (	Code	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the ab	OVE-r	named corp	oration submits this statement for the ion's board of directors. I hereby acce		changing it	ts registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Horida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statu	i by ti utes.	he corporati	ion's board of directors. I hereby acce	pt the appo	ontment as	registered	
SIGNATURE										
12.	Signature, typed or printed name of registered age	ent and title it applicable (NOT) D DIRECTORS	F Registered	Agent	signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOR	2C IN 12	
TITLE	PT OFFICERS AIN	DELETE		1.1 TITLE		ADDITIONS/OFFANGES TO OFF	OLITO AITO	Change	Addition	
NAME	O'BAKER, CLYDE E.			1.2 NAME				_ •		
STREET ADDRESS	674 SOUTH LAKEMONT AVE		1.3 STF	1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST - ZIP		ZIP					
TITLE	VSD	DELETE	2.1 TIT	2.1 TITLE				☐ Change	Addition	
NAME	O'BAKER, SHELLEY B		2.2 NAI	ME						
STREET ADDRESS	674 S LAKEMONT AVE		2.3 STREET ADDRESS		ODRESS					
CITY-ST-ZIP	WINTER PARK,F L.			2. 4 CITY-ST-ZIP				Channe	Addition	
TITLE		☐ DELETE	3.1 TITLE					☐ Change	L. Addition	
NAME			3.2 NA							
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP							
CITY-ST-ZIP TITLE			4.1 TIT		-2112			Change	Addition	
NAME			4. 2 NA							
STREET ADDRESS					DDRESS					
CITY-ST-ZIP			•	Y-ST-						
TITLE		DELETE	5.1 10					Change	Addition	
NAME			5.2 NA	ME	İ					
STREET ADDRESS			5.3 STF	REET AL	ODRESS					
CITY-ST-ZIP			5.4 CfT	Y-\$1-	ZIP					
TITLE		☐ DELETE	6.1 TiT		İ			Change	Addition	
NAME			6 2 NA	ME						
STREET ADDRESS			6.3 STF	REET AC	DDRESS				ļ	
CITY-ST-ZIP_				IY-ST-				***************************************		
14. Lhereby c	sertify that the information supplied w	with this filter does not qualify for	or the exe	motic	nn stated in	Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information	

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or supplienced 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.

2122198 (407)339-9000