


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

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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L20247 (7) 1. Corporation Name CEO CORPORATE SERVICES, INC.		



Principal Place of Business % CAROL MCLAIN 108 LAKE SHORE DRIVE #441 N PALM BEACH FL 33408	Mailing Address % CAROL MCLAIN 108 LAKE SHORE DRIVE #441 N PALM BEACH FL 33408-3646
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2. Principal Place of Business 21 2051 S.E. GIFFEN AVE Suite, Apt. #, etc. 22 City & State 23 PORT ST. LUCIE, FL Zip 24 34952		2a. Mailing Address 26 2051 SE GIFFEN AVE Suite, Apt. #, etc. 27 City & State 28 PORT ST. LUCIE, FL Zip 29 34952		3. Date Incorporated or Qualified 09/29/1989	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0147982		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent MCLAIN, CAROL 108 LAKE SHORE DR. #441 N PALM BEACH FL 33408		81 Name MCLAIN, CAROL 82 Street Address (P.O. Box Number is Not Acceptable) 2051 S.E. GIFFEN AVENUE 83 84 City PORT ST. LUCIE		85 Zip Code 34952
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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: **CAROL J. MCLAIN, PRESIDENT** *Carol J. McLain* DATE: **3-18-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, CAROL	1.2 NAME	
STREET ADDRESS	108 LAKE SHORE DR #441	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Carol J. McLain* **CAROL J. MCLAIN** DATE: **3-18-97** DAYTIME PHONE: **561-624-3707**

CR2E034 (9/96)