

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L20247 (7)
1. Corporation Name
CEO CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
2051 SE GIFFEN AVE	2051 SE GIFFEN AVE
PORT ST LUCIE FL 34952	PORT ST LUCIE FL 34952
US	US

2. Principal Place of Business		2a. Mailing Address	
21	2137 BELL AVENUE Suite, Apt. #, etc.	26	2137 BELL AVENUE Suite, Apt. #, etc.
22		27	
City & State		City & State	
23	FORT PIERCE, FL	28	FORT PIERCE, FL
Zip	Country	Zip	Country
24	34982	25	USA
29	34982	30	USA

9. Name and Address of Current Registered Agent	
MCLAIN, CAROL	81 Name
2051 SE GIFFEN AVE	82 Street Address
PORT ST LUCIE FL 34952	2137
	83
	84 City
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to the name set forth above. I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	MCLAIN, CAROL	1.2 NAME	
STREET ADDRESS	100 LAKE SHORE DR #441 (See change above)	1.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1989

4. FEI Number	65-0147982	Applied For	
		Not Applicable	
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)
BELL AVENUE

Pierce **FL** **85** Zip Code
334682

14. I 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. McCLAIN 4-6-98 561-467-1222

CR2E034 (10/97)