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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L58686**

1. Corporation Name

CBE, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90053 025 ***150.00

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Principal Place of Business Mailing Address								
1515 N. FEDERA		1515 N. FEDERAL HWY. #	300					
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
ļ						03/15/1990		
Principal Place of Business 2a. Mailing Address						4. FEI Number	77	Applied For
21		26				65-0171996	 	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$6			Additional
27						5. Certificate of Status Desired	Fee F	Required
City & State City & State				-		6. Election Campaign Financing		0 Мау Ве
23	<u>-</u>	28				Trust Fund Contribution	Added	to Fees
Ziρ				Country 8. This corporation owes the current year Intangible				
24	25	29	30			1 Codomari topony raxi	Yes	X 6No
	9. Name and Address of Current	t Registered Agent		047	Name	10. Name and Address of New Registered Age	ent	
LIM	T MADTUA B			81	Name			
HUNT, MARTHA B. 1515 N. FEDERAL HWY. #300 BOCA RATON FL 33432					Street Addre	ss (P.O. Box Number is Not Acceptable)		
BUCA RATUR FL 33432				83				
	•		ľ	84	City	FI	35 Zip	Code
44 Durewont	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the ab	NOV O	-named como	ration submits this statement for the purpose of cha	nging i	ts registered
l office or re	egistered agent or both in the State (of Florida. Such change was a	utnorizea	DV (tne corporation	n's board of directors. I hereby accept the appointment	ent as	registered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607,0505, Flo	noa Statu	ites.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.						ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	FORS IN 12
TITLE	D .	☐ DELETE	1.1 7(1)	LE			Change	
NAME	HUNT, JAMES L.		12 NA	ME	\			
STREET ADDRESS	1515 N. FEDERAL HWY #300		1.3 STF	REET	ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL		1.4 CIT	Y-ST	-ZiP			
TITLE	D	☐ DELETE	2.1 111	LE] Change	e 🔛 Addition
NAME	HUNT, MARTHA B.		2.2 NA	ME				
STREET ADDRESS	1515 N. FEDERAL HWY #300		2.3 STF	REET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CI	TY- <u>\$</u> T	T-ZIP			
TITLE		☐ DELETE	3.1 ππ	LE] Change	e 🔲 Addition
NAME	,		3.2 NA	ME		·		
STREET ADDRESS			3.3 ST8	REET	ADDRESS			
CITY-ST-ZIP			3.4. СП	TY- \$1	T-ZIP			
TITLE		☐ DELETE	4.1 TIT	ŁĖ] Change	e 🗌 Addition
NAME		•	4. 2 NA	ME	1			\
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-\$1	-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DEFELE	5.1 1111		}] Chang	e 🗌 Addition
NAME			5.2 NA		f]
STREET ADDRESS			1		ADDRESS	•		ļ
C/TY-ST-Z/P			5.4 CIT		(-ZIP			
TITLE		☐ DELETE	6.1 TIT		İ] Chang	e 🗌 Addition
NAME			6.2 NA					ļ
STREET ADDRESS			6.3 ST	REET	ADDRESS			\
CITY-ST-ZIP	,		6.4 CIT	Y-ST	r-ZIP			•

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, with all other like empowered.

SIGNATURE: