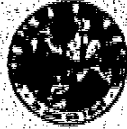


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L64318 (3)**

1. Corporation Name  
**C E S TECHNOLOGIES, INC.**

Principal Place of Business Mailing Address  
**1910 NW 54 AVE 1910 NW 54 AVE  
MARGATE FL 33063 MARGATE FL 33063  
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/09/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0187124** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 2a Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**DELMONACO, KATHERINE  
4271 CARAMBOLA CIRCLE SOUTH  
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *Katherine Delmonaco*

4-24-95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**  
NAME **DELMONACO, TERRY**  
STREET ADDRESS **4271 CARAMBOLA CIR S**  
CITY - ST - ZIP **COCONUT CREEK FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VP**  
NAME **STENGEL, BOB**  
STREET ADDRESS **6750 NW 25 WAY**  
CITY - ST - ZIP **FT. LAUDERDALE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **2301 SE 9 ST,**  
2.4 CITY - ST - ZIP **POMPANO FL 33062**

TITLE **S**  
NAME **RENWICK, MARK**  
STREET ADDRESS **11851 NW 37 PL**  
CITY - ST - ZIP **SUNRISE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennially 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 owner 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 unchanged or on an attached sheet with an address.

SIGNATURE: \_\_\_\_\_

**TERRY J. DELMONACO**

4-24-95

305-970-8882