

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

**FILED**  
**May 16 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 # **L64318** (3)  
 1. Corporation Name  
**C E S TECHNOLOGIES, INC.**



Principal Place of Business Mailing Address  
**1910 NW 54 AVE MARGATE FL 33063 US**  
**1910 NW 54 AVE MARGATE FL 33063-3701 US**

3. Date Incorporated or Qualified **04/09/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **2301 SE 9 St.** 26 **2301 SE 9 St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **1** 27 **1**  
 City & State City & State  
 23 **Pompano Beach, Fl** 28 **Pompano Beach, Fl**  
 Zip Country Zip Country  
 24 **33062 USA** 29 **33062 USA** 30 **USA**

4. FEI Number **65-0187124** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **BOB STENDEL**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2301 SE 9 ST.**  
 83  
 84 City **Pompano BE** FL 85 Zip Code **33062**

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 *[Signature]* VP **BOB STENDEL** DATE **23 Apr 97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELMONACO, TERRY</b>	1.2 NAME	
STREET ADDRESS	<b>4271 CARAMBOLA CIR S</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STENDEL, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>2301 SE 9 ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENWICK, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>11851 NW 37 PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *[Signature]* **BOB STENDEL** DATE **23 Apr 97** 954 723-5728  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CF2E034 (9/96)