

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

0027140

APPROVED  
 08 OCT 30 PM 2:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L64318 (3)  
 1. Corporation Name C E S TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2301 SE 9TH STREET POMPANO BEACH FL 33062 US		Mailing Address 2301 SE 9TH STREET POMPANO BEACH FL 33062 US		3. Date Incorporated or Qualified 04/09/1990	
21	2. Principal Place of Business	26	2a. Mailing Address	4.	4. FEI Number 65-0187124 Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
		30	Country	8.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STENGEL, BOB 2301 SE 9TH STREET POMPANO BEACH FL 33062				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGEL, BOB	1.2 NAME	
STREET ADDRESS	2301 SE 9 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENWICK, MARK	2.2 NAME	
STREET ADDRESS	11851 NW 37 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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	

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 \*\*\*\$550.00  Change  Addition

Handwritten signature and date: 10-2-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: \_\_\_\_\_ DATE: 22 Oct 98

CR2E034 (5/98)