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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L71753

(2)

Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 12835 BARWICK ROAD	LANDSC Principal Place 12635 BARWIC BOYNTON BEA	CAPES BY C.E., INC. e of Business K AD	Mailing Address 12635 Barwick RD Boynton Beach,f L 33	436-6132				
Surice Apt # etc Surice Apt						05/10/1990		Report
Support Supp		ace of Business	<u>├</u> ──					-i-i
City & State 29	Suite, Apt. #, etc Suite, Apt. #, etc						\$8.75	Additional
Country Zip Country Zip Country Sip	City & Stati	0	City & State	& State		6. Election Campaign Financing	\$5.00	May Be
PO DEECH, CHARLES 10, Name and Address of New Registered Agent 10, Name and Address of Name 10, Name and Address of Name and Address of Name and Name 10, Name and Name and Name and Name 10, Name and Address of Name and Name a	Z ip			Country		8. This corporation has liability for i	njangible tax under	
LEECH, CHARLES 12835 BARWICK ROAD BOYNTON BEACH FL 33436 82 Street Address (P.O. Box Number is Not Acceptable) 83 64 City FL 65 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes, the advanced opporation submits this statement for the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 84 City FL 65 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 85 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 85 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 864 City FL 65 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 865 Zip Code 11. Fursuant to the provisions of Socions 607 (500 and 607 1508, Florida Statutes) 866 City Street	24							
12835 BARWICK ROAD BOYNTON BEACH FL 33436 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the previsions of Sections 607 0502 and 507 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an interest with an advected the obligations of Section 607 5055, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. This is a street address to require a section of the purpose of changing its registered agent and an adversarial street appointment as registered agent agent. and a section of the purpose of changing its registered agent and a section of the pur	1 55		Init Ledistated Mant	81	Name	10. Name and Address of New Ne	Signatury Wildelit	
The Provision 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCE SIRET ADDRESS CITY-S1-7P INCE STD LEECH, CHARLES 12835 BARWICK RD BOYNTON BEACH FL 1293 BARWICK RD BOYNTON BEACH FL 1294 Change Addition Addition AME SIRET ADDRESS CITY-S1-7P 1016 1016 1017-S1-2P 1017-S1-2P 1016 1017-S1-2P 1016 1017-S1-2P 1017-S1-2P 1018 1018-S1-2P 1018 1018-S1-2P 1018-S1-2P	126	35 BARWICK ROAD		83		ress (P.O. Box Number is Not Acceptab		Code
Tale		to the provisions of Sections 607 og ogistered agent, or both, in the St or familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida, Such change was oligations of, Section 607.0505, Fl			poration submits this statement for the p dion's board of directors. I hereby accep	FL " '	
THE	SIGNATURE	Signature Typert or printed hank of registered	I agent and little if applicable (NO	IE: Registered Age	nt signature requir	red when reinstating)	DATE	
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THE	STREET ADDRESS			2.3 SYREET	ADDRESS			
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	NAME			6.2 NAME				
CHY-SI-ZIP	STREET ADDRESS			6.3 STAEET	ADDRESS			
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	CITY-ST-ZIP							

information indicated on this annual eport of 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 of the receiver or trustee employered to effect this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Apr 15 1997 8:00am

Secretary of State