FILE NOW: FILING FEE IS $61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N98000001088

1. Corporation Name
CES Enterprises

Principal Place of Business / Mailing Address
320 Barbara Circle
Belleair, FL 33756

3. Date Incorporated or Qualified: July 8th 1997

4. FEI Number: 59-3433214 — Applied For / Not Applicable

2. Principal Place of Business
21 320 Barbara Circle
22 Suite, Apt. #, etc.
23 City & State: Belleair, FL
24 Zip: 33756 — 25 Country: US

2a. Mailing Address
26 320 Barbara Circle
27 Suite, Apt. #, etc.
28 City & State: Belleair, FL
29 Zip: 33756 — 30 Country: US

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
320 Barbara Circle
Belleair, Fl 33756
Christopher James Gregg (President)

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] — Signature, name or printed name of registered agent (signature if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE: 4/30/98

12. OFFICERS AND DIRECTORS

TITLE	Director	☐ DELETE
NAME	Danielle Gilbert	
STREET ADDRESS	503 West Davis Blvd.	
CITY-ST-ZIP	Tampa, Fl 33606	
TITLE	Director	☐ DELETE
NAME	Tari Woods	
STREET ADDRESS	1555 Misty Plateau trail	
CITY-ST-ZIP	Clearwater, Fl, 33765	
TITLE	Director	☐ DELETE
NAME	Alberto Portella	
STREET ADDRESS	610 Ultoratio	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Chairman	☐ DELETE
NAME	Christopher T Gregg	
STREET ADDRESS	320 Barbara Circle	
CITY-ST-ZIP	Belleair, Fl 33756	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/30/98 — Daytime Phone #: (813) 585-4335

CR2E037 (10/97)