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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012383 (5)

1. Corporation Name											
CEP II	NVESTME	NTS, INC.									
										<i>ji</i>   <b>         </b>	
Principal Plac	oe of Rusines	<u> </u>	Mailing Addr							ARE HERE PILET	
7709 S.R. 52 7709 STATE RD 52											
BAYONET POINT FL 34667 BAYONET POINT FL 34667					ı			·			
US US				erinanten nammin na avetn				DO NOT WRITE IN THIS SPACE			
							3.	<ul> <li>Date Incorporated or Qualified 12/14/1992</li> </ul>	i		
2. Principal f	Place of Busi	ness	2a. Mailing A	2a. Mailing Address			4.	FEI Number			Applied For
21			26					<del>59-316246</del> 0		<del></del>	Not Applicable
Suite, Apt	. #, BlC.		Suite, Apt	Suite, Apt. #, etc.			Б.	. Certificate of Status Desired			Additional Required
City & Sta	te		City & Sta	City & State			6.	Election Campaign Financing		\$5.0	O May Be
23	· · · · · · · · · · · · · · · · · · ·		28					Trust Fund Contribution		Added	d to Fees
Zip	Country		<u></u>	<b>├</b> ──		ountry		This corporation owes or has p			~
24 25 29 9. Name and Address of Current Reg			29					Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent			
			onieni negistaren Agei	ш	81	Name	10.	, Name and Address of New F	añistalan	Agent	
PREVATT, CLARENCE E. JR 6313 JACQUELINE ARBOR											
		RACE FL 33617		82 Street			ddress (F	P.O. Box Number is Not Accepta	able)		
					83	1					
						City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provis	ions of Sections 60	07.0502 and 607.1508, FI	orida Statutes,	the abovi	l e-named co	orporatio	on submits this statement for the board of directors. I hereby acc		of changing	its registered
office of agent. I a	regi <b>ste</b> red aç am <b>ism</b> iliar w	jent, or both, in the ith, and accept the	State of Florida. Such ch obligations of, Section 6	nange was auti 07.05 <b>05</b> , Florid	horized by la Statutes	y the corpoi s.	ration's t	board of directors. I hereby acc	ept the app	pointment a	is registered
SIGNATURE											
	Signature, typed		ered agent and title if applicable	(NOTE: R	<del></del>	on erutengia Inc			DATE	D DIDECTO	50.01.10
12.	р	OFFICER		DELETE	13. 11 TITLE	<del></del>	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	
NAME						1.2 NAME				onungo	
STREET ADDRESS 6313 JACQUELINE ARBOR					1.3 STREET ADDRESS						
CITY-ST-ZIP	TOUR E PROPLOS SI				1.4 CITY-ST-ZIP						
TITLE	\$T			DELETE	2.1 TITLE			# 1		Change	Addition
NAME	PREVAT	t, elaine			2.2 NAME						
STREET ADDRESS						2.3 STREET ADDRESS					
CITY-ST-ZIP	TEMPLE	TERRACE FL	<u></u>		2. 4 CITY - S	ST-ZIP					
TITLE				DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP				DELETE	3.4. CITY - S	ST - ZIP					CARRIED
TITLE	]			DECETE	4.1 TITLE					Change	Addition
NAME STREET ADDRESS					4.2 NAME	ADDOCCC					
CITY-ST-ZIP	Ì				4.3 STREET						
TITLE	<del>  -</del>	, <del>=,</del>		DELETE	4.4 CITY - S 5 1 TITLE	1- ZIF				☐ Change	Addition
NAME			_		5.2 NAME						
STREET ADDRESS	]				5.3 STREET	ADDRESS					
CITY-ST-ZIP	1				5.4 CITY-S						
TITLE	1			DELETE	6.1 TITLE					Change	☐ Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>				6.4 CITY - S	T-ZIP					

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