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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000026776 (3)

1. Corporation Name

CEGEN ENTERPRISES, INC.

Principal Place of Business

244 HARBOR LANE
MASSAPEQUA NY 11762

Mailing Address

244 HARBOR LANE
MASSAPEQUA NY 11762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1993

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORP. SERVICES OF CENTRAL FLORIDA INC.
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CASSIS, CONSTANTINE N
STREET ADDRESS 244 HARBOR LANE
CITY-ST-ZIP MASSAPEQUA NY 11762

TITLE AVPD
NAME CASSIS, NICHOLAS
STREET ADDRESS 2603 BONNIE COURT
CITY-ST-ZIP MERRICK NY 11566

TITLE TD
NAME CASSIMATIS, GEORGE
STREET ADDRESS 146 RICHARD PATH
CITY-ST-ZIP ST. JAMES NY 11780

TITLE VP
NAME CASSIS, CAROL
STREET ADDRESS 244 HARBOR LANE
CITY-ST-ZIP MASSAPEQUA NY 11762

TITLE S
NAME CASSIMATIS, ELAINE
STREET ADDRESS 100 BROOKLYN AVENUE
CITY-ST-ZIP FREEPORT NY 11520

TITLE AS
NAME CASSIMATIS, EMANUEL
STREET ADDRESS 1040 RIVERSIDE DRIVE
CITY-ST-ZIP WANTAGH NY 11793

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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, or on an attachment with an address.

SIGNATURE:

Carol Cassis

4/20/98

407 838-4202

CR2E034 (10/97)