

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90074 045 ***150.00

DOCUMENT # P93000026776

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 **11-3154813**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 title 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	<input type="checkbox"/> DELETE
NAME	CASSIS, CONSTANTINE N	
STREET ADDRESS	244 HARBOR LANE	
CITY-ST-ZIP	MASSAPEQUA NY 11762	
TITLE	AVPD	<input type="checkbox"/> DELETE
NAME	CASSIS, NICHOLAS	
STREET ADDRESS	2603 BONNIE COURT	
CITY-ST-ZIP	MERRICK NY 11566	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASSIMATIS, GEORGE	
STREET ADDRESS	146 RICHARD PATH	
CITY-ST-ZIP	ST. JAMES NY 11780	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASSIS, CAROL	
STREET ADDRESS	244 HARBOR LANE	
CITY-ST-ZIP	MASSAPEQUA NY 11762	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASSIMATIS, ELAINE	
STREET ADDRESS	100 BROOKLYN AVENUE	
CITY-ST-ZIP	FREEMONT NY 11520	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CASSIMATIS, EMANUEL	
STREET ADDRESS	1040 RIVERSIDE DRIVE	
CITY-ST-ZIP	WANTAGH NY 11793	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)