

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000036502 (1)

1. Corporation Name

C.E.B. FINANCIAL CORPORATION



Principal Place of Business

203 ROBIN DRIVE BIRD KEY
SARASOTA FL 34236-1803

Mailing Address

203 ROBIN DRIVE BIRD KEY
SARASOTA FL 34236

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 350 GULF OF MEXICO DR.

2a. Mailing Address

26 350 GULF OF MEXICO DR.

Suite, Apt #, etc.

22 # 233

Suite, Apt #, etc.

27 # 233

City & State

23 LONGBOAT KEY, FL

City & State

28 LONGBOAT KEY, FL

Zip

24 34228

Country

25 SARASOTA

Zip

29 34228

Country

30 SARASOTA

4. FEI Number

65-0412979

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIMBLE, CHARLES E
203 ROBIN DRIVE BIRD KEY
SARASOTA FL 34236-1803

10. Name and Address of New Registered Agent

81 Name

SAME

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

350 GULF OF MEXICO DR.

83 # 233

84 City

LONGBOAT KEY

FL

85 Zip Code

34228

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

TITLE ☐ DELETE

NAME
BRIMBLE, CHARLES E
STREET ADDRESS
203 ROBIN DRIVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
D. PRESIDENT
STREET ADDRESS
EODD BOCCELLERO BRIMBLE
CITY-ST-ZIP
350 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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
SAME
1.3 STREET ADDRESS
350 GULF OF MEXICO DR., # 233
1.4 CITY-ST-ZIP
LONGBOAT KEY, FL 34236

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0526626

CR2E034 (9/96)