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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C.C.E.I., INC.

Principal Place of Business

P93000038994 (8)

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State

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1 morpai mac	O Of Edsilless	mailing riceress							
2446 BASS (TALLAHASSE		2446 BASS BAY DR TALLAHASSEE FL 32312							
						DO NOT WRITE	IN THIS S	PACE	
						ate Incorporated or Qualified			
						06/01/1 99 3			
2. Principal Place of Business 26. Mailing Address					4. FI	El Number		\Box	Applied For
21		26				59-3187429 Not Applica			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.							Additional
22		27	27			ertificate of Status Desired			Required
City & Stat	0	City & State				ection Campaign Financing		\$5.0	O May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У	B. Ti	nis corporation owes or has pa	id the curr	ent vear I	ntangible
24	25	29	30	-		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre		1991			ame and Address of New Re		gent	
TE	AVISON, ROBERT T		61	Na	ame				,
	46 BASS BAY DR								
TALLAHASSEE FL 32312			62	82 Street Address (P.O. Box Number is Not Acceptable)					
'' '	ILLAMASSEE FL 32312		B3						
			63	Ή					
			B4	Cit	tv			85 Zig	o Code
				ĺ	•		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607 1508, Florida Statu	utes, the abov	e-nar	med corporation s	submits this statement for the	ourpose of	changing	its registered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, F	Florida Statute	iy iine is.	corporation's boa	aro di directors. I riereby acce	prine appe	unument e	is registered
SIGNATURE									
SIGNATORE	Signature typed or printed name of registered a	gent and title if applicable (NC	DTE: Registered Ag	jent sigr	nature required when rei	nslating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE]			Change	Addition
NAME	ABBOTT, MARY C		1.2 NAME						
STREET ADDRESS	2446 BASS BAY DR		1.3 STREE	T ADOR	IESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-	ST. 71P					
TITLE	D	DELETE	2.1 TITLE	OI EN				Change	Addition
NAME	TO LEGICAL CORPOR T		1	2.2 NAME			'		_
	2446 BASS BAY DR				vece				
STREET ADDRESS	TALLAHASSEE FL 32312		1	2.3 STREET ADDRESS			,		
CITY-ST-ZIP	TALLATAOOLL TE GESTE	DELETE		2.4 CITY-ST-ZIP				Change	Addition
TITLE		- ottett	3.1 TITLE				,	Unange	, Managan
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDR	ESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				l	Change	: Addition
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDR	ESS				
CITY+ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		IESS				
CITY-ST-ZIP			5.4 CITY -		ļ				
TITLE		DELETE	6.1 TITLE	01-EIP				Change	Addition
		- Decemb					,		
NAME			6.2 NAME						
STREET ADORESS			6.3 STREE			•			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					

14. Thereby 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. 850

608-2598