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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

(941) 646-0<sub>0</sub>30

01/20/97

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000034878 (6)

CEI CONTINENTAL EQUIPMENT COMPANY, INC.

Principal Plac	e of Business	Mailing Address			* I I I I I I I I I I I I I I I I I I I			
3470 AIRCRAFT DRIVE LAKELAND FL 33811 US		P.O. BOX 5464 LAKELAND FL 33807-5464						
					3. Date Incorporated or Qualified 05/03/1994		e of Last 1/1996	Report
<del></del>	flace of Business	2a. Mailing Address			4. FEI Number 59-3239950	Applied For		
Suite, Apt #, etc		Suite, Apt. #, etc.		\$8.7			lot Applicable Additional	
22		27		5. Certificate of Status Desired			lequired	
City & Stat	ę	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution			to Fees
Zip	Country 25	Zip	Country	ı	8. This corporation has liability for in	tangible t		s. 199.032,
24	9. Name and Address of Currer		30]		Florida Statutes  10. Name and Address of New Reg			
KUU		it neglatered Agent	<b>É</b> 1	Name		Installed V	Agur	
KOO, ROBERT W 5658 BROOK LOOP					LESTER G GARRINGER			
	ELAND FL 33811		82	Street Ad	ddress (P.O. Box Number is Not Acceptabl 5679 BROOK LOOP	e)		
Prairie in conti			83	·				
			84	Oib.			Ta=1 30	
			54	City	LAKELAN!)	FL	<b>85</b> Zip	Code 33811
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State im familia: will, and accept the oblig	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flor	s, the above uthorized by rida Statutes	e-named co the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of the appo	changing intment a	its registered s registered
SIGNATURE	Au S				0	1/20/		
12.	Sign to each end or printed name of rep. in or age OFFICERS AN		Fingistered Age	ent signature re	quired when reinstating)	DATE	DIDECTO	00 101 40
TRILE	D OFFICERS AIN	XX DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	KOO, ROBERT W	VAC.	1.2 NAME			,	vnange	
STREET ADDRESS	5658 BROOK LOOP		1.3 STREET	ADDRESS				
CiTY+S*+ZiP	LAKELAND FL		1.4 CITY-S					
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	Garringer, Lester G		2.2 NAME	ŀ				
STREET ADDRESS	5679 BROOK LOOP		2.3 STREET	ADDRESS				
CITY - ST - ZIP	LAKELAND FL 33811		2. 4 CITY -	ST-ZIP				
TITLE	0	DELETE	3.1 TITLE				<b>XX</b> Change	Addition
NAME	GARRINGER, GILBERT N		3.2 NAME		6.6.0			
STREET ADDRESS	6802 CRESCENT LAKE DR		3.3 STREET	ADDRESS	6623 CRESCENT LAKE DRI	VE		
Caty-St-70P	LAKELAND FL 33813	DOLLETE	3.4. CITY - 5	ST-ZIP		<del></del> ,	Character	A statut
TITLE NAME		☐ DELETE	4.1 TITLE			'	Change	Addition
STREET ADDRESS			4. 2 NAME	*DOUECO				
CITY-ST-ZIP			4.3 STREET					
TITLE	**************************************	DELETE	4.4 CITY - S 5.1 TITLE	1-ZIF			Change	Addition
NAME			5.2 NAME					- Addition
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY+S1+ZIP			5.4 CITY-S					
TITLE	k-14	DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				

14. I do hereby cert fy 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