2-4-97 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Feb 04 1997 8:00am Secretary of State

DOCUM	ENT#	P9400	0004	348	32

(6)1. Corporation Name

C.E. ROI	BEHIS ENTERPHISES, INC	()					
Principal Place of Business Mailing Address					-	4111 7 700 1711 9 100 1 1011	
265 SW PORT ST LUCIE BLVD SUITE 146 PORT ST LUCIE FL 34984		265 SW PORT ST LUCIE BLA SUITE 146 PORT ST LUCIE FL 34984					
US 		U\$			3. Date Incorporated or Qualified 06/10/1994	3a. Date of Last R 04/03/1996	leport
	face of Business	2a. Mailing Address			4. FEI Number	 	optled For
21 Suite Ant	# ote	Suite, Apt. #, etc.			65-0497818	Not Applicable \$8.75 Additional	
22 27		27]		5. Certificate of Status Desired		Additional equired
City & State 28		City & State	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	1 40° 1 51 1 1 34° 1 51 1 1 54° 1 51 1 51 1 51 1 51 1 51			8. This corporation has liability for in		
24	25		30		Florida Statutes	Yes 🚺 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
	KROB ACCOUNTING SERVICE		81	Name	May Horst		
	university dr.		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
STE.			-	9/3	SW AVOUBON HUK		
COR	AL SPRINGS FL 33077		83				
			84	ChD- S	TLUCIE	FL 85 Zip	9821
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, in both, in the Stat	of and 607.1508, Florida Statutes of Morida. Such change was au	s, the above uthorized by	named corporation	pration submits this statement for the pu on's board of directors. I hereby accept		ts registered
agent La	am farmar with and accept the duty	gati is of Section 607.0505, Flori	ida Statutés	i.	1/28/91		
SIGNATURE	(under lot	Mand toe if applicable (NOTE:	Decisional Acad	nt signature require	1/01/16	DATE	
12.		ND DIRECTORS	13.	ut signature recoire	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P //	☐ DELETE	1.1 YITLE	7	>	Change	Addition
NAME	HOTH, CYNTHIA		1.2 NAME	#/	274 CHATTHA.		
	DALMETTO PARK RO	AD, SUITE 2-497	1.3 STREET	ADDRESS 26	OTH, CYNTHIA 65 SW POPT ST LUCIA DAT ST LUCIA R	z 15evel Su	ure 146
City - \$1 - ZIP	BOCA RATON FL 33433		1.4 CiTY - S	T-ZIP	on- St Lucia R	849XV	
TITLE		DELETE	2.1 TITLE	7		Change	☐ Addition
NAME.			2.2 NAME				
STREET ADDRESS			2 3 STREET	ADDRESS .			
C-TY - ST - ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS :			
CITY-ST-ZIF			3 4. CiTY - 9	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME	1		4 2 NAME				
STREET ADDRESS			4 3 STREET				
CHTY-ST-ZIP		DELETE	4.4 CiTY - S	T-ZiP		☐ Change	Addition
TITLE		□ DECEIR	5.1 TITLE			LT cuante	LL AGUIDON
NAME OTDECT ADDRESS			5.2 NAME	ADDRESS			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIF TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-211		Change	Addition
NAME		Land of british to	6.2 NAME			Ondrigo	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-SI-74P			6.4 CITY-S				-
14. I do here	by certify that the information supplied	ed with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes	. I further certify that	the

execute this report as required by Chapter 607, Florida Statutes; and that my name