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 #

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

P94000074201 (2)

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

26

27

28

29

CEMASALES, INC.

Principal Place of Business	Mailing Address
10780 N.W. 24TH ST.	10780 N.W. 24TH ST.
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065

Country

g, Name and Address of Current Registered Agent

25

STOCKMAN, JAMES J 296-9 DIAMOND VILLAGE

GAINESVILLE FL 32603

FILED Apr 14 1998 8:00am Secretary of State



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 Stonature, typed or printed name of registered agent as dititle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TOTLE 1.1 TITLE NAME STOCKMAN, MARYANN 1.2 NAME STREET ADDRESS 10780 N.W. 24TH ST. 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-S1-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4 1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 51 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITI F NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 trusted 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.

Country

82

83 84

City

30