## 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

## DOCUMENT # P94000078742 (1)

C.C.E ENTERPRISES, INC.

Principal Place of Business Mailing Address 530 S BARFIELD DR 530 S BARFIELD OR MARCO ISLAND FL 34145-5921 MARCO ISLAND FL 33937 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1994 04/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 65-0532965 Not Applicable 21 530 S. BARFIED DR 26 Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MARCO ISIAND П 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EDWARDS, CURT C 530 S BARFIELD DR 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 **B4** City Zip Code 85 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. PRESCOENT/OFRICE CURT ( 50 WIRDS (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELETE PRESTOENT/OTRECTUR Change Addition 1.1 TITLE DILLE EDWARDS, CURT C EDWARDS, CURT C 1.2 NAME NAME 330 5. BARFEELD DREVES 530 S BARFIELD DR 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 33937 MARCO ISLAND, FL 34/45 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE TITLE 2 1 TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIE DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TILLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS CHY-S1-ZP 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)(r), 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

SIGNATURE:

FILED

Apr 11 1997 8:00am

Secretary of State