## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000004513 (4)

		CES, INC.												
Principal Place of Business Mailing Address													***************************************	
	BEACH FL			921 N.E. 23RD S POMPANO BEAC										
								3.	Date Incorporate 01/18/19		3a. Date	e of Last Re	eport	
2. Principal Pla 21	ace of Busin	ess	2s 26					4.	FEI Number 65 - 0	5483	48		Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Sta	ntus Desired			Additional Required	
City & State				City & State				Election Campai				May Be		
<b>Z</b> ip		Country	28	† L			Country		Trust Fund Cont This corporation	<del></del>			to Fees	
24	25			30			,		Florida Statutes		s <b>L</b> TNo	ax unuer s	193.002,	
g. Name and Address of Current			Current Regi					10.	Name and Add	lress of New	Registered	Agent		┪
						81	Name							
	DIANE					82	Street Ad	ddress (P.C	D. Box Number	is Not Accepta	ible)			+
921 N.E. 23RD STREET POMPANO BEACH FL 33064						83							4	
POMP	ano beau	OH FL 33064				63								
						84					FL	<b>-</b>   `   `	Code	
or register	ed agent, or	both, in the State	of Florida. Suc	07.1508, Florida Sta chi change was auth 7.0505, Florida Stati	orized by the o	ve-r corp	named corp oration's bo	poration su loard of dire	ubmits this state ectors. I hereby	ment for the pr accept the ap	urpose of ch pointment as	anging its r registered	egistered office agent. I am	е
SIGNATURE _	Shanahara barad	or printed name of registe	rad sayot and tide	f sunderside	(NOTE: Registered		at eigerature room	n med jaken min	net tinal		DATE			
12.	Ognotor, typica		RS AND DIRE		13.		ii sigrature requ		ADDITIONS/CH/	ANGES TO OF		DIRECTO	RS IN 12	- 3
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual 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 dispersor 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.

62 NAME

63 STREET ADDRESS

SIGNATURE: \_

NAME

STREE1 ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR