SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR REFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMOUNT DU	TE ON OK BELOKE 03/30/38; \$550 (IL DI	1330LVED, MINIMUM AMOUN	10 DOE 10 K	CINSIA	10: \$/50).	<u>'</u> }•
] :	PROFIT	FLORIDA I	DEPARTME	NT OF	STATE	
PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State						
AÑNU	JAL REPORT	S S	cretary of	State		FILED
İ .	1998 - 💜	3 0 Ch	OF CORE		ONS	
			 	·		99 JAN 11 AM 11: 07
1. Corporation	MENT # P95000	0029739 (6	3)			
_		,020,00	- /			SECRETARY OF STATE TALLAHASSEE, FLORIDA
C.E.M.	INVESTMENTS, INC.					TALLAHASSEE, FLORIDA
•						1 1881 1882 1788 1884 1884 1884 1884 1884 1884 1884
Principal Plac	ce of Business	Mailing Address			-	. I mutions tim inite biller dests south zerte daller state serte faunt stris imit edst
703 STOCKTON STREET 703 STOCKTON STREET BROOKSVILLE FL 34601 BROOKSVILLE FL 34601						
DROUNSVILLE PL 34001 DROUNSVILLE PL 34001					DO NOT WRITE IN THIS SPACE	
Ì						3. Date Incorporated or Qualified
						04/10/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26				59-3314391 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				÷ .	5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Star	te	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country		- (Country		Trust Fund Contribution
24	25	29	30	JOG.161 y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			·		10. Name and Address of New Registered Agent
MAN	IUEL, CLIFFORD E JR			81	Name	
	CANDLELIGHT BOULEVARD			82	Chu - 4 A	(Add to Co. P. Miller of Mark Association)
	OKSVILLE FL 34601			82	Street	t Address (P.O. Box Number is Not Acceptable)
	ONOVIEE 1 E 04081			83		
				-	Oite	lock The Oak
77				84	City	FL 85 Zip Code
11. Pursuan	t to the provisions of sections 607.050	02 and 607.1508, Florida 6	tatutes, the	above-	named co	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblid	e of Florida, Such change nations of section \$42.050	was author 5. Fibrida S	iz ed by Statutes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	- March 100	muel AR.	1	سا		12/23/98
	Signature, typed or printed name of registered age		(NOTE D		gent signature	ture required when reinstating) DATE
12.	,,,,,,,, 	ND DIRECTORS		13.\		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CHEECODO EUR	DELE	- 1	1717	j	Change Addition
NAME	MANUEL, CLIFFORD EUR		4	2 NAME		۸.
STREET ADDRESS	703 STOCKTON STREET				AD <u>D</u> RESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601			4 CITY-ST	-ZIP	
NAME	i -	L_] DELE		2 NAME	1	REINSTATEMENT Grade AND Addition
STREET ADDRESS	MANUEL, LAURIE 703 STOCKTON STREET		1		ADDRESS	DEINSTALEIVIETE
ł	BROOKSVILLE FL 34601			4 CITY-ST	1	UPING
CITY-\$T-ZIP	BROOKSVILLE 1 L 34001	DELE		1111LE	-2.15	Change Addition
NAME			_	2 NAME		
STREET ADDRESS	†				ADDRESS	4000027420641 -01/14/9901091005
CITY-ST-ZIP				4 CITY-ST		-U1/14/55U1U5U5U5U5U5U5U5U5U5
TITLE		DELE		1 TITLE		*****308.88 ****308.90 Change Addition
NAME	1			2 NAME	.	
STREET ADDRESS			4.3	3 STREET	ADDRESS	}
CITY-ST-ZIP			4.	4 CITY-ST	-ZIP	
TITLE						
		DELE	E 5.	1 TITLE		Change Addition
NAME		DELE	_	1 TITLE 2 NAME	_	Change Addillon
		DELE	5.	2 NAME	ADDRESS	Change Addillon
NAME		DELE	5. 5.	2 NAME		Change Additlon
NAME STREET ADDRESS		DETE.	5. 5.	2 NAME 3 STREET		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5. 5. 5. E 6.	2 NAME 3 STREET 4 CITY-ST		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5. 5. 5. E 6.	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	5. 5. 5. 6. 6.	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	AQORESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ DELE	5. 5. 5. 6. 6.	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	AQORESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with on this annual report or suppliementa or director of the congression of the re-	☐ DELE	5. 5. 5. 6. 6.	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST	AQORESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with on this annual report or suppliementa or director of the congression of the re 2 or Block 13 if changes, or on an at	☐ DELE	5. 5. 5. 6. 6. 6. 7 for the execurate aured to execurate	2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST emption nd that cute this	ADDRESS -ZIP stated in my signate report as	