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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

	996 SENT # DOSO	00000616 /	2)			
DOCUMENT # P9500030616 (3) CEFLA ASSOCIATES, INC.						
		Mailing Address				
Principal Place of Business Mailing Address			DIVE			
3286 GLENRIDGE DRIVE 3286 GLENRIDGE DRIVE PALM HARBOR FL 34685 PALM HARBOR FL 34685						
				 Date incorporated or Qualified 04/19/1995 	3a. Dat	e of Last Report
. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
]		26		59-3313751	·	Not Applicable \$8.75 Additional
Suite, Apt #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be
		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	This corporation has liability for Florida Statutes	or intangible t ′es ∷∏No	tax under s. 199.032,
<u> </u>	9. Name and Address of Curre	29	30	10. Name and Address of New		1 Agent
	9. Name and Address of Curr	ent negistered Agent	81 Name			
nn d our.	I DADEDT		82 Street Ad	Idress (P.O. Box Number is Not Accept	table!	
BRJOWN, ROBERT 3286 GLENRIDGE DRIVE PALM HARBOR FL 34685			GZ Street AO	idless (
			83			
I MEM IN	AIDON IE O 1000					85 Zip Code
			84 City			
I1. Pursuant to	The provisions of Sections 607.05 agent, or tripits, in the Stare of Fig.	02 391 607.1508, Florida Sta orda Such change was autho	states, the above named corp orized by the corporation's bo	poration submits this statement for the poard of directors. I hereby accept the a	purpose of clippointment a	
tamiliar with	Signature typed or present name: of proposed had	y int and fire dispolation	atutes, the above-named corror orized by the corporation's bottes (#OFE Engineer April signature in a	noration submits this statement for the pard of directors. I hereby accept the a submit tension is tensional. ADDITIONS/CHANGES TO C	purpose of clappointment a	hanging its registered offic as registered agent. I am
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SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR