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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045605 (9)

	CE, INC. of Business ANDALE BEACH BLYD.	Mailing Address 632 WEST HALLANDALE					
HALLANDALE FL	. 33009	HALLANDALE FL 33009-5	331		Date Incorporated or Qualified	3a. Date of L	ast Report
					06/13/1995	04/17/19	96
	ace of Business	2a. Mailing Address		-	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
Surte: Apt #	H Ata	Suite, Apt. #, etc.			65-0602105		Not Applicable 75 Additional
22	#. CIC	27			5. Certificate of Status Desired	1 1 7 .	ee Required
Orty & State		City & State		·	6. Election Campaign Financing	\$.	5.00 May Be
23]		28			Trust Fund Contribution		dded to Fees
Zip 24	Country	Zip	Countr	У	8. This corporation has liability fo		der s. 199.032,
4]	25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New F	Yes No	
71DFI	, MITCHELL J		B1	Name			
	BLAS ENTRANCE, LA PUERTA	DEL SOL	82	Skool (Address (P.O. Box Number is Not Accepta	abla)	
SUITE	E 315, 800 DOUGLAS RD.		02	Sueer	Address (F.O. Box Namber is Not Accept		
CORA	NL GABLES FL 33134		83				
			84	City			Zip Code
	**	and the same of th		<u> </u>		- FL	
office or re	o the provisions of Sections 607.05 gistered agont, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change was	s authorized b	y the corp	corporation submits this statement for the location's board of directors. I hereby acc	purpose of change ept the appointme	ging its registered ent as registered
SIGNATURE .							
12.	Signal as Explicate properting one of registered a OFFICERS A	ocest and little if sophicable (No NO DIRECTORS _	13.	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
TUTLE	PSD	DELETE	1.1 Title				
NAME	TOMASELLO, OLLIE M	•	1,2 NAME		SKULA JENNIE M. 63AW HAHANDHE BEA	HAINA	
STREET ADORESS	632 W. HALLANDALE BEACH	I BLVD.	1.3 STREE	T ADDRESS	638 W HALLANGHE OUT	<i>A</i> . <i>O</i> .	
C4.4 21 3/6	HALLANDALE FL 33009		1.4 CITY-	ST-ZIP	Hallandale Fl. 3300	γς	
10:0		L) DELETE	21 TITLE			LJ Cr	iange L Addition
NAME			2.2 NAME				
STREET ADGRESS			I	T ADORESS	:	. 1	
6/1Y-\$1-29P TITLE		DELETE		·ST - 7LP		□ Ct	nange Addition
NAME			3.1 TITLE 3.2 NAME	1		 •••	- La realise
STREET ADDRESS				t address			
CITY-S1-7-			3.4. CITY	ST-ZIP			
Tiff.)		DELETE	4.1 TITLE			☐ cr	nange Addition
NAME			4. 2 NAME	<u> </u>			
STREET ADDRESS				T ADDRESS			
CH y ST-ZIP		□ DELETE	4.4 CITY-	SI-ZIP		□ cı	nange Addition
THE		L'3 britile	5.1 TITLE 5.2 NAME				eange (TI Manillott
NAME STREET ADDRESS				T ADDRESS			
CITY SI ZIP			5.4 CiTY-	- 1			
THE	DELETE		61 TITLE	Y: 5"		☐ Cr	nange Addition
NAME			6.2 NAME	ľ			
STREET ADDRESS			6.3 STAES	T ADDRESS			
CITY-S1 2H			6.4 CITY -			·	
information Lami an of	n indicated on this are ual report o	r supplemental annual report is or the receiver or trustee empo	s true and acc owered to exe	curate and	tated in Section 119 07(3)(i), Florida Statu that my signature shall have the same lea eport as required by Chapter 607, Florida	gal effect as if mai	de under oath; tha

4/3/97 954-925-6325

FILED

Apr 09 1997 8:00am

Secretary of State