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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000046893 (0)

DOCUMENT # Corporation Name

C.E.S. REAL ESTATE, INC.

| | | A. D. C. | | | · | | | | |
|--|---|--|---------------------------|---------------------|-----------------------------|---|---------------------------------|----------------|------------------------|
| Principal Place of Business 601 BALLENLSLES DRIVE PALM BEACH GARDENS FL 33418 Maling Address 601 BALLENLSLES DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/08/1995 | 3a. Date | of Last Re | eport |
| | | | | | | 06/08/1995 | | | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Implied For |
| 1 | | 26 | | | | 65 - 060/724 Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | | City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be I to Fees |
| Z ip | Country | 28 | Cour | ntry | | This corporation has liability for | intangible tax | | |
| 24 | 25 | 29 | 30 | , | | | 123 No | | |
| <u> </u> | 9, Name and Address of Cu | | | | | 10. Name and Address of New F | Registered A | gent | |
| | | | | 81 | Name | | | | |
| | JAMES H ESQ | | ŀ | 82 | Street Add | ress (P.O. Box Number is Not Acceptal | ole) | | |
| | s. Highway one., suite 4 | 02 | į | \perp | | | | | |
| NORTH | 1 PALM BEACH FL 33408 | | | 83 | | | | | |
| | | | ţ | B4 | City | | | 85 Zrp | Code |
| | | | | | · | | <u>FL</u> | | |
| or registere | ed agent, or both, in the State of I | 1502 and 607,1508, Florida Statute: Florida. Such change was authorize Section 607,0505, Florida Statutes. | s, the abor d by the c | ve-na orpor | ration's boa | ration submits this statement for the pu ard of directors. I hereby accept the app | rpose of char iointment as i | egistered | agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered | agent and title if applicable. (NOT | E Registered | Agent s | signature requir | ed whan renotating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | · | | |
| TITLE | PRCS | ☐ DELETE | 1, 1 7(| TLE | | | [. |] Change | ☐ Addition |
| NAME | SCHNIER CHARLES GET BALLEN SLES DR. | | 1.2 NA | 1.2 NAME | | | | | |
| STREET ADDRESS | | | 13 STREET ADDRESS | | DDRESS | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL. 33418 | | 1.4 CF | 1.4 CiTY - ST - ZiP | | | | | |
| TIFLE | TREAS DELETE | | 2 1 TI | TLE | | Change [| | ☐ Addition | |
| NAME | SCHNIER CHAN | 21.05 | | 2 2 NAME | | | | | |
| STREET ADDRESS | | | | 2 3 STREET AD | | | | | |
| CITY-ST-ZIP | | ADENS I=C. 33418 | | 4 CITY - ST - ZIP | | | т | 7 Chance | Addition |
| TULE | SEC. | | 3.11 | | } | | _ | 7 Outlies | L_ radiation |
| NAME | SCHNIER, ESTH | DR | 3 2 NA | | ADDRESS . | | | | |
| STREET ADDRESS | PALM BEACH GA | | | TY-ST | i | | | | |
| CITY-ST-ZIF TITLE | FACM DEACH DA | DELETE | 4 1 1 | | - ZIF | | E |] Chançe | Addition |
| NAME | | | 4 2 N/ | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CiTY+SI-ZIP | | | 1 | ity-St | | | | | |
| TIFLE | | DELETE | 5. 1 T | ITLE | | | | Change | ☐ Addition |
| NAME | | | 5 2 N/ | AMÉ | | | | | |
| STREET ADDRESS | | | 5351 | TREET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 54 C | ITY-ST | - ZIP | | | | |
| TITLE | | ☐ DEFELE | 617 | ITLE | | | |] Change | ☐ Addition |
| NAME | | | 62 N | | | | | | |
| STREE1 ADDRESS | | | 63S | TREETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | 640 | ITY-SI | - ZIP | for the everytion stated in Cooling 44 | 0.07(2)(I.A. El- | rida State | too I further |
| 14. I do hereb certify that | by certify that the information supp t the information indicated on this | alled with this tiling is voluntarily furn annual report or supplemental anni | isned and ual report i | ooes is true | i not qualify e and accu | for the exemption stated in Section 11 rate and that my signature shall have th | e same legal | effect as i | if made under |
| oath; that | am an officer or director of the o | corporation or the receiver or trusted | empowe | red to | o execute t | rate and that my signature shall have th his report as required by Chapter 607, I | Florida Statut | es; and th | at my name |
| appears in | EDIOCK 12 OF DIOCK 13 INCHANGED | l, or on an attachment with an addr | (| \vee | 1 | | | | |
| SIGNAT | TURE: K MAL | li Valine | <u>-</u> (| Ľ | en. | 4.29.96 | 407- | 616 | 7955 |
| SIGNA | SIGNATURE AND TYP | ED OH PRINTED NAME OF SIGNING OFFICE | R OR DIREC | TOR | | Date | Ď | aytar e Etrone | |