SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name P95000051379 (2) CE BE CONSULTING, INC. Principal Place of Business Mailing Address 20772 NORTHWEST 1ST COURT 20772 NORTHWEST 1ST COURT PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 3a. Date of Last Report 6/30/95 3. Date Incorporated or Qualified 06/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0603762 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Yes 🔀 No Florida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 82 TALLAHASSEE FL 32301-2525 яз mbruhe 33027 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar of the obligations of, Section 607,0505, Florida Statutes. Jan H. Gey SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/96) TITLE **PSTD** DELETE 1.1 THE Change Addition NAME GEYSELAERS, JAN H 1.2 NAME CR2E034 20772 NORTHWEST 1ST COURT STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33027 CITY - ST - ZIP 1 4 CITY - ST - ZIP TITLE DELETE 2.1 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 line Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELFTE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 44 CITY - ST-ZIP TITLE DELETE 51 Tifte Change Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 City - ST - ZIP TITLE DELETE 61 TITLE 800001917559ange  $\Box$ Addition NAME 62 NAME -08/09/96--01024--031 8 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*225.00 CITY - ST - ZIP 6 4 CITY - ST - ZIP ノと 14. I 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 or Block 14 or Block 14 or Block 15 o

OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPE