## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000054026

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90049 025 \*\*\*150.00

C.E.J.C., INC.								ANIA ENERA A	
<u>.</u>									
Principal Plac	e of Business	Mailing Address					•		
616 DECATUR AVENUE 616 DECATUR AVENUE BROOKSVILLE FL 34601 BROOKSVILLE FL 34601									
-						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/13/1995			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			[			Applied For
21		26				59-3328669			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.#, etc				5. Certificate of Status Desired			5 Additional
22									Required
City & Stat	e ·	City & State	<b>¬</b>			6. Election Campaign Financing \$5.00 May Be			
23		28		intry		Trust Fund Contribution			ed to Fees
Zip	Country	Zíp	$\overline{}$	inuy		This corporation owes the currer     Personal Property Tax.	it year Inta	angible ∐Yes	□No
24	9. Name and Address of Current	29	30	Τ		10. Name and Address of New Re	aistered A		
	5. Name and Address of Current	t Kegisteled Agent		81	Name	To. Ivamo una year ooo or ivan ve	<u> </u>	18	
ROG	ERS, CHRISTINE A.								
16284 GUPTON ST				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	OKSVILLE FL 34613			83					
				84	City		FL	85 Z	Zip Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607,1508. Florida Statut	tes. the a	bove	e-named corpo	pration submits this statement for the p	urnose of	changing	its registered
office or r	egistered agent or both in the State (	of Florida. Such change was a	uithonzed	ועמו	tne corporation	n's board of directors. I hereby accept	the appoir	itment as	s registered
agent. i a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fig	inua Stati	utes.	•				
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registered	Agent	t signature required	when reinstating)	DATE		<del></del>   .
12.	<del></del>	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 TI	TLE				Chang	ge 🔲 Addition
NAME	ROGERS, CHRISTINE A		1.2 N	AME	Ì				. )
STREET ADDRESS	16284 GUPTON STREET		1.3 \$1	TREET	ADDRESS				! '
CITY-ST-ZIP	BROOKSVILLE FL		1,4 CI	TY-ST	r-ZIP				
TITLE		☐ 0ELETE	2.1 TI		ĺ				
NAME			2.1 11	πE				☐ Chan	ge 🗀 Addition 🖯
- STREET ADDRESS	ிர்த் 2 <del>ம் ஓ 21, கூ.க கண்</del>		2.2 N					☐ Chan	ge Addition
CITY-ST-ZIP			2.2 N/	AME	ADDRESS -			☐ Chan	ge Addition
TITLE			2.2 N/ ~ - 2.3 S1	AME	Į.				
NAME		DELETE	2.2 N/ ~ - 2.3 S1	AME TREET	Į.			☐ Chan	
STREET ADDRESS			2.2 N/ ~ - 2.3 ST 2.4 C	AME TREET CITY-SI	Į.	·			
			22 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	AME TREET CITY-ST TLE AME	Į.	· · - ·	and constitution		
CITY-ST-ZIP		DELETE	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME TREET CITY-ST TLE AME	T-ZIP  ADDRESS	· · - ·		☐ Chan	ge Addition
CITY-ST-ZIP TITLE			2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME TREET TLE AME TREET	T-ZIP  ADDRESS	-			ge Addition
		DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	AME TREET TLE AME TREET TITE TLE	T-ZIP  ADDRESS	-		☐ Chan	ge Addition
TITLE		DELETE	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/	AME TREET TLE AME TREET TREET TLE IME	T-ZIP  ADDRESS	- ,		☐ Chan	ge Addition
TITLE NAME		DELETE	22 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI	AME TREET TLE AME TREET TILE IAME IAME TREET	T. ZIP  ADDRESS T- ZIP  ADDRESS	- '		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS		DELETE	22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI	AME TREET TLE AME TREET TLE IAME TREET TLE TREET TILE TREET TTLE TTLE TTLE TTLE TTLE	T. ZIP  ADDRESS T- ZIP  ADDRESS			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	22 NV 2.3 S1 2.4 C 3.1 Π 3.2 NV 3.3 S1 3.4 C 4.1 Π 4.2 N 4.3 S1 4.4 CI 5.1 Π 5.2 NV	TREET TILE TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS F-ZIP	- '		☐ Chan	ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		DELETE	22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1	AME TREET TILE AME TREET TILE TILE TITY-ST TILE TITY-ST TILE AME TREET TITY-ST TILE TREET	T. ZIP  ADDRESS T. ZIP  ADDRESS [-ZIP  ADDRESS	- '		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI	AME TREET TILE TAME TREET	T. ZIP  ADDRESS T. ZIP  ADDRESS [-ZIP  ADDRESS			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT	AME TIREET TITY-S TILE AME TIREET TILE IAME TIREET TITY-ST TILE AME TIREET TITY-ST TILE TITY-ST TILE TITY-ST TILE	T. ZIP  ADDRESS T. ZIP  ADDRESS [-ZIP  ADDRESS	- '		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	स्थित द्वार्थित स्ट्रिकेट	DELETE	22 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT 6.2 NV	AME TREET TITY-S TILE TREET TILE TREET TILE TREET TILE TREET TILE AME TREET	T. ZIP  ADDRESS T- ZIP  ADDRESS [-ZIP  ADDRESS 5-ZIP			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	মানুহত্তমান্ত লোগি হৈছিল কাৰ্য্য হৈছিল। বাং ক্ৰমিনা হৈছিল ক্ৰিয়া হৈছিল। সংযোগত ক্ৰমিনা হৈছিল কৰ	DELETE	22 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 6.1 TT 6.2 N/ 6.3 ST	AME TREET TITY-S TILE TREET TILE TREET TILE TREET TILE TREET TILE AME TREET	T. ZIP  ADDRESS T- ZIP  ADDRESS [-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP			☐ Chan	ge Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, of on an attachatent with an address, with all other like empowered.

SIGNATURE: