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** CORPORATION ANNILIAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996	DIVISION OF COL			
DOCUMENT # P950	000057999 (1)			
CEMCO, INC.				
Principal Place of Business	Mailing Address		T 12811081 HA (BIB) BIH) BBH AGIN ARIN BAIBL BIH	i iātiā iblis iblib išti ibbi
2204 FLOYD STREET SARASOTA FL 34239	ROST OFFICE BOX 471521 SARASOTA FL 34239			
			07/27/1995	ate of Last Report
2. Principal Place of Business	2a. Mailing Address 26 P.O. BOX	1521	4. FEI Number 65-06-04542	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	., ,,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	29 34276 3	SARASOTA	8. This corporation has liability for intangible Florida Statutes Yes	e tax under si 199.032, No
9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
THE LAW FIRM OF LAWRENCE 343 ALMERIA AVENUE	CE J SPIEGEL CHRTD		ess (P.O. Box Number is Not Acceptatile)	4.7
CORAL GABLES FL 33134		83		
		84 City	Fl	85 Zip Code
office or registered agent, or both, in the agent I am familiar with, and accept the SIGNATURE  Signator hand appropriation or relations of rigid.	e State of Floridal Stich Change was aut e obligations of, Section 607.0505, Flori		oration submits this statement for the purpose of on's board of directors. Thereby accept the appoint and when remstating?  [WT]	
12. OFFICE	RS AND DIRECTORS DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTORS IN 12
TITLE PSTD  NAME STODDARD, BILLY JOE	igspace	12 NAME		D DIRECTORS IN 12 Change Addition (6)
STREET ADDRESS 2204 FLOYD STREET	-	1.3 STHEFT ADDRESS		2E0
CITY-ST-ZIP SARASOTA FL 34239	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	<b></b>	2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CHY-ST-ZIP TITLE	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS 3 4 City+St+Zip		
CHY-ST-ZIP TITLE	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS 4 4 City - St - Zip		
CITY-ST-ZIF TITLE	DELETE	51 TULE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	—	6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CHY-ST-ZIP	conclud with this libra is voluntarily for	64 CITY - ST - ZIP	alify for the exemption stated in Section 119 07(3	i)(k), Florida Statutes I
further certify that the information indic made under oath, that I am an officer o that my name appears in Block 12 or E	cated on this armual report or suppleme or director of the corporation or the rece Block 13 if changed, or on an attachmen	intal annual report is true giver or trustee empowere it with an address	ed to execute this report as required by Chapter	617, Florida Statutes, and
SIGNATURE: BILLY	TOP STONDACE	OR DIRECTOR	Tilly for follow 6	ingon Place #