

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90085 004 \*\*\*150.00

DOCUMENT # P95000059730

1. Corporation Name  
CEANEL, INC.



Principal Place of Business Mailing Address  
P.O. BOX 2021 P.O. BOX 2021  
MARCO ISLAND FL 34146 MARCO ISLAND FL 34146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

59-3395421

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZARUS, MONTE  
247 N. COLLIER BLVD., STE. 202  
MARCO ISLAND FL 33937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GERARD, NORMAN  
STREET ADDRESS % MONTE LAZARUS 985 BIRCH CT.  
CITY-ST-ZIP MARCO ISLAND FL 33937

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS C/O BERNARD LAYNO  
1.4 CITY-ST-ZIP 931 TULIP COURT MARCO ISLAND, FL. 34145

TITLE D ☐ DELETE  
NAME STEPHEN N GERARD  
STREET ADDRESS 870 COLLIER CT  
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME C/O BERNARD LAYNO  
2.3 STREET ADDRESS 931 TULIP COURT  
2.4 CITY-ST-ZIP MARCO ISLAND, FL. 34145

TITLE D ☐ DELETE  
NAME ANTHONY D GERARD  
STREET ADDRESS C/O MONTE LAZARUS 985 BIRCH CT  
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME C/O BERNARD LAYNO  
3.3 STREET ADDRESS 931 TULIP COURT  
3.4 CITY-ST-ZIP MARCO ISLAND, FL. 34145

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 JANUARY 1999

CR2E034 (11/98)