FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000065287 (1)

1. Corporation Name CEO SYSTEMS, INC.									
Principal Place of Business Mailing Address						1 19211321 114			
1528 DEL CREST PLACE LAKELAND FL 33803		1528 DEL CREST PLACE LAKELAND FL 33803							
						3. Date Incorporated or Qualified 08/23/1995		of Last Rep	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	d		oplied For ot Applicable	
21						59-333156	7	\$8.75	
	Suite, Apt. #, etc		Suite, Apt #. etc.			5. Certificate of Status Desired		Fee Re	
City & Stall	0	City & Stat	e			Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
23 Zip	Country	28 Zip	30	ountry			s 🔲 No		99.032,
24	25	29		Ţ		10. Name and Address of New	Registered	Agent	
	9. Name and Address of Curr	ent negistered Ago.		81	Name				
O'TOOLE, CHRISTOPHER			82	Street Add	ess (P.O. Box Number is Not Acceptable)				
	EL CREST PLACE ND FL 33803								
				84			Fl	" '	Code
11. Pursuant or registe familiar v	to the provisions of Sections 607.05 pred agent, or both, in the State of Flaith, and accept the obligations of Section 2015.	i02 and 607.1508, Flo orida. Such change w ection 607.0505, Flori	rida Statutes, the a as authorized by th da Statutes.	above a ne corp	named corpo oration's boa	oration submits this statement for the pard of directors. I hereby accept the ap		nanging its re is registered i	gistered office agent. I am
SIGNATURE	Signarive itypoid or printed name of page length	gent and title if applicance	(NOTE Regist	ered Age	nt signature requir	ed when renstating)	DATE	ID DIDECTOL	DC IN 12
12.	OFFICERS :	AND DIRECTORS		3.		ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TILLE	D	D DELETE							
NAME	O'TOOLE, CHRISTOPHER E			.2 NAME					
STREET ADDRESS	1500 DEL CREST PLACE			.3 STREE	1 ADDRESS				
CITY ST-ZIP	LAKELAND FL 33803			4 City				Change	Addition
Title	☐ DELFTE			2 1 TITLE					L
NAME			9 3	2 NAME					
STREET ADDRESS	5		Į:	3 STREE	T ADDRESS				
City - S1 - ZiP				2.4 CITY-				Change	Addition
TILE			DELETE	3 1 TITLE				_ ·····•	
				3.2 NAME					

STREET ACCRESS 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 made under certify 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 oranged, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - ST - 21P

4.4 CITY - ST - ZIP

3.4 CITY - ST - 71P

4. 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

NAME

1011

NAME

TITLE

NAME

THILF

NAME

STHEET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

C-Tr-SI-ZIF

CHY-ST-ZIP

DELFTE

DELFTE

DELETE

941. 683 6232 Daytime Phone

CR2E034 (12/95)

☐ Addition

☐ Addition

☐ Addition

Change

Change

Change