	E NOW: FILING PROFIT RPORATION UAL REPORT 1998		FLORIDA DEPAR Sandra B	TMENT (. Morth: y of State	DF STATE	Jan 27 19 Secretar		
. Corporation			95643 (9)					
CERAN	MIC DESIGNS OF J	upiter, inc.						
	ce of Business		ailing Address			U TRINKFORME STAN TRIJAT READER RUSSEL AND TA UT	NIAL NÆALO INENE NIAI & NEELE N	(
500 n. old Suite #3 Jupiter Fl		:	500 N. OLD DIXIE HWY. SUITE #3 JUPITER FL 33458			DO NOT WRITT 3. Date Incorporated or Qualified	E IN THIS SPACE	
						12/19/1995		
Principal F	Place of Business	2a 26	. Mailing Address			4. FEI Number		oplied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			65-0629742	CO 75	Not Applicable \$8.75 Additional
City & Sta		27	Ob. 8 Ob.			5. Certificate of Status Desired	Fee F	Required
Zip	Country	28	City & State	Cour	trv	6. Election Campaign Financing Trust Fund Contribution	Addec	May Be to Fees
	25	29		30	~	 This corporation owes or has pa Personal Property Tax due June 	e 30. 🗹 Yes	
	9, Name and Address		stered Agent		31 Name	10. Name and Address of New Re	egistered Agent	
)SNER, MICHAEL J ES(55 PALM BEACH LAKE		00			·		
	EST PALM BEACH FL 3		00	1	32 Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
				1	33			11 AN
				1	34 City		85 Zip	Code
. Pursuant	to the provisions of Sectio	ons 607.0502 and 6	07.1508, Florida Statutes		,	poration submits this statement for the		
	to the provisions of Sectio registered agent, or both, im familiar with, and accept	ons 607.0502 and 6 in the State of Flori pt the obligations o	07.1508, Florida Statute: da. Such change was at f, Section 607.0505, Flor		,	poration submits this statement for the p tion's board of directors. I hereby acce		
SNATURE	Signature, typed or printed name of	f registered agent and tille	if applicable. (NOTE:	s, the abo thorized ida Statu Registered	by the corpora tes.	red when reinstating)	PL purpose of changing pt the appointment a	its registered s registered
SNATURE	Signature, typed or printed name of		if applicable. (NOTE:	s, the abo thorized ida Statu	ove-named corp by the corpora tes.		DATE	its registered s registered
	Signature, typed or printed name o OFF P ROBERTS, BETH	f registered agent and tille FICERS AND DIRE(if applicable. (NOTE: CTORS	s, the abo uthorized ida Statu Registered	Agent signature require	red when reinstating)	PL purpose of changing pt the appointment a	its registered s registered RS IN 12
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