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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 01 1998 8:00am Secretary of State

	1998	DIVISION OF CO		Secretary of State
DOCU 1. Corporatio	MENT # POGOC	00024837 (2) CES, INC.		
Principal Plac	ce of Business	Mailing Address		
54 N.E. FOUR		54 N.E. FOURTH AVE.		
DELRAY BEA	CH FL 33483	DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal P	Place of Business	2a. Mailing Address		03/20/1996 4. FEI Number Applied For
21 4780	NI CITATION DRIVE	26 P.O. BOX 63	385	37-8620268 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cortificate of Status Desired Status Desired \$8.75 Additional
22 # 3 City & Stat		City & State		Fee Required
	A4 BLACK, FC	28 DELRAY BEAC	H.FL	Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	71p	Country	8. This corporation owes or has paid the current year Intangible
24 33Y	9. Name and Address of Curr		10 PARM RE	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CT.	RAWN, JOEL T	DIN Hegistored Rigorit	81 Name	
	N.E. FOURTH AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)
DELRAY BEACH FL 33483				Address (F.O. Dox Humbon is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above named	
office or r agent. La	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was aut igations of, Section 607.0505, Flori	thorized by the corp ida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signatura, typed or pented name of registered a	APATE (Dealer of Asset as a second	re required when reinstanng) DATE
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE	Change Addition
NAME	SAND, RICK C		1.2 NAME	KEVIN M. SAND 3832 SOUTH POINTE DRIVE
STREET ADDRESS	1610 N.W.22ND AVE.	<i>*</i>	1.3 STREET ADDRESS	ORLANDO, FL 33827
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33445	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	SAND, LYNDA J	-	2.2 NAME	
STREET ADDRESS	1610 N.W.22ND AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADORESS	Į.		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME :		ריין טנננוג	5.1 IIILE 5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TATLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	pertity that the information supplied	with this filing does not qualify or	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or	on this annual report or supplyment director of the corporation or the re-	hital annual report is true and acclinicists or husten empowered to ball	rate and that my sig	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in