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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000026458 (5)

CESTRIAN INVESTMENTS INC.

Principal Place of Business Mailing Address 5400 MATTHEW COURT 5400 MATTHEW COURT SARASOTA FL 34231-6354 SARASOTA FL 34231 3a. Date of Last Repor 3. Date Incorporated or Qualified 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied cor Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name HATHAWAY, PAUL 5400 MATTHEW COURT Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34231 83 Zip Code e above named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was agent. Fam familiar with, and accept the obligations of, Section 607.0505. nt signature required when reinstating) nt and litle if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition DELETE 1 1 TITLE THILE OPENSHAW, DEE 1.2 NAME NAME 5400 MATTHEW COURT 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 1.4 CITY-ST-ZIP DiTY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE HATHAWAY, PAUL 2.2 NAME NAME **5400 MATTHEW COURT** 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIF Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHIY-SI-ZIP Addition Change DELETE 51 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIF Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-7P

SIGNATURE:

14. I do hereby certify that the info information indicated on this ar I am an officer or director of the

appears in Block 12 or Block

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address.

1.31-9/ 9

mation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the must 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 a dorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

741-92)

Daytime Phone #

FILED

Feb 06 1997 8:00am

Secretary of State