## 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** 

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90023 049 \*\*\*150.00

## DOCUMENT # P9600030597

1. Corporation Name

	CE TRANSITIONS, INC.	Mailing Address							
Principal Place	The second secon	Mailing Address			•				
33 N GARDEN AVE Suite 170		SUITE 170	33 N GARDEN AVE SUITE 170					•	
CLEARWATER FL 34615		CLEARWATER FL 34615			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 04/09/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		At	oplied For	
21	·	26			NOT APPLICABLE		<del></del>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	المنتخف ومستعرض		5. Certifcate of Status Desired			Additional	_
22	<u> </u>	27						equired	
City & Stat	'e	City & State	Les.		6. Election Campaign Financing			May Be	
23	O-v-t-	28	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			to Fees	
Zip 337	Country	<sup>Zip</sup> 33755 3	30 -	<b>y</b>	8. This corporation owes the curre	•	ngible ∐Yes	⊡No	
24 551	9. Name and Address of Currer	<del></del>	30  -	· <u> </u>	Personal Property Tax.  10. Name and Address of New R				
	9. Name and Address of Curren	in Kegisterou Agent	8	1 Name	IV. Italia dila Madress er itali	og.oto.ou.			
GAS	SMAN, ALAN S								
1245	S COURT ST, SUITE 102		8:	2 Street Add	ress (P.O. Box Number is Not Accepta	ple)		Ì	
CLE	arwater fl		8:	3					
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. سعر			8	4 City		FL	85   Zip	Code	
	to the provisions of Sections 607.050	22 and CO7 1500 Florida Statutos		us maimed som	poration submits this statement for the	. —	hanging its	registered	
11 Dureuent									
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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.

6.4 CITY-ST-ZIP

SIGNATURE: