PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067879

1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90215 024 ***150.00

CERES	SYSTEMS, INC.			٠			
Principal Plan	e of Business	Mailing Address			{	1 11 0 	
	LL FARMS ROAD	1227 MARSHALL FARMS RO	AD				
OCOEE FL 347		OCOEE FL 34761	nv.			UD 00:00	
					DO NOT WRITE IN TI	HIS SPACE	
	•				3. Date Incorporated or Qualifed		
2 Dringing C	Place of Business .	2a. Mailing Address			08/14/1996 4. FEI Number		oplied For
─ '	Tace of business .	26. Walling Address			59-3408109		ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			_		Additional
22	, 2-4-5	27			5. Certifcate of Status Desired		equired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	ı	8. This corporation owes the current year		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
NIC	KENS DAN A ESO		"	Ivalle			
NICKENS, DAN A ESQ. 1227 MARSHALL FARMS ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	DEE FL 34761		83	 - -	<u></u>		-
	5EE 1 E 31.37						
			84	City	E	EL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	Registered Agen	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	NICKENS, DAN A		1.2 NAME	ĺ			
STREET ADDRESS	101 001		1 2 STOCET	I			
CITY-ST-ZIP	WINDERMERE FL 34786		(2) SINCE	TADDRESS			
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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.

SIGNATURE: