*i***LE NOW:** FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078992 (0) C.E.R.S. INC.

Principal Place of Business Mailing Address

Country

312 SILAS COURT SPRING HILL FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

312 SILAS COURT SPRING HILL FL 34609

2a. Mailing Address

City & State

Zıp

Suite, Apt. #, etc.

26

27

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

09/23/1996

59-3403728

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	į	Country	Zıp	(Country		8. This corporation owes or has paid the current year Intangible	
24	[25	29	30			Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
KR	AKOWIAK,	ALAN S			81	Name		
312 SILAS COURT					100	82 Street Address (P.O. Box Number is Not Acceptable)		
SPRING HILL FL 34609					04	Street	Address (F.O. Box Number is Not Acceptable)	
Of IMPO TINE 1 E OTODO					83			
					 	ļ		
					84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						e-named		
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE								
	Signature, typed	or printed name of registered				ent signature	required when reinstating) DATE	
12.		OFFICERS A	ND DIRECTORS		3.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	MAN ALANIA	ЦI	I	1 TITLE	Į	Change Addition	
NAME	KHAKOY	Mak, Alan S		1	2 NAME			
STREET ADDRESS		AS COURT		1	3 STREE	T ADDRESS		
CFTY-ST-ZIP	SPRING	HILL FL			4 CITY-	ST-ZIP		
TETLE				DELETE 2	1 TITLE		☐ Change ☐ Addition C	
NAME				2	2 NAME			
STREET ADDRESS				2	3 STREET	F ADDRESS		
CITY-ST-ZIP				2	4 CITY -	ST-ZIP		
TITLE				DELETE 3	1 TITLE		☐ Change ☐ Addition	
NAME				3	2 NAME			
STREET ADDRESS				. 3	3 STREET	T ADDRESS		
CITY-ST-ZIP				3	4. CHY-	ST-ZIP		
TITLE					1 TETLE		Change Addition	
NAME				14	2 NAME	- 1		
STREET ADDRESS				14	3 STREET	r address		
CITY-ST-ZIP				4	4 CITY - S	ST- 71P		
TITLE					1 TITLE		Change Addition	
NAME					2 NAME			
STREET ADDRESS				5.	3 STRFF1	ADDRESS		
CITY-ST-ZIP				4	4 CITY-5	i		
TOLE					1 TITLE		Change Addition	
NAME					2 NAME			
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					4 CITY-S			
14. I hereby o	certify that the	e Information supplied	with this filing does no	t qualify for the	exemi	tion state	od 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 supplement as required by Chapter 607, Florida Statutes; and that my name appears in								
officer or offictor or the corporation or the receiver or fruste empowered to vector 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 altechnorf with emportings.								
SIGNATURE: 4/14/48 362-686-3076								

Country