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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078992 1. Corporation Name

C.E.R.S. INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90045 028 ***150.00

Principal Place	e of Business	Mailing Address		****			INI 110 JENIN ENIN DUTH (18410 1484 1001
312 SILAS COU		312 SILAS COURT								
SPRING HILL FL 34609 SPRING HILL FL 34609										
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•						3. Date Incom 09/23/19	porated or Qualifed 996	d		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Numbe	er		App	plied For
21		26				59-3403	<u>728 </u>		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate (of Status Desired		\$8.75 A	
22		27				o: cormodic i		·- ·- · ·	- Fee Re	<u></u>
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23		28					Contribution		Added to	o Fees
Zip	Country	Žip	Cou	ntry			ration owes the cu	rrent year Int		P (0)
24	25	29	30				roperty Tax. Address of New	Pagistared		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and	Address of New	Kedisteren	Agent	
KDAI	KOWIAK, ALAN S			'	Marrie					
	SILAS COURT			82	Street Add	ress (P.O. Box Nu	mber is Not Accep	table)		
	ING HILL FL 34609			00						
Of Ni	ING THEE TE STOOS			83						i
	•			84	City			FL	85 Zip C	ode
44 5	to the provisions of Sections 607.05	DO CO7 4E00 Florido State	uton the el		nomed see	posstion submits th	ie etatement for th		changing its	registered
office or re	edistered agent, or both, in the State	of Florida. Such change was	authonzed	by the	ie corporati	ion's board of direct	tors. I hereby acce	ept the appoi	ntment as req	gistered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Statu	ıtes.						
SIGNATURE								DATE		
	Signature, typed or printed name of registered agr									
	OFFICERS A			Agent si	signature require	ed when reinstating)	CHANGES TO O		ID DIRECTO	RS IN 12
12.		ND DIRECTORS	13.		signature require		/CHANGES TO O		ID DIRECTO	RS IN 12
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or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee anypowered to Block 12 or Block 13 if changed, or open attachment with an address.

SIGNATURE:

S Krakowak 4/26/99