

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

FILED
Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098043 (8)

1. Corporation Name
C E & I ASSOCIATES, INCORPORATED



Principal Place of Business

3900 CLARK ROAD
SUITE H-3
SARASOTA FL 34233

Mailing Address

3900 CLARK ROAD
SUITE H-3
SARASOTA FL 34233-2366

3. Date Incorporated or Qualified

12/01/1996

3a. Date of Last Report

FIRST REPORT

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 345 INTERSTATE BLVD.

Suite, Apt. #, etc.

22 BUILDING D

City & State

23 SARASOTA, FL

24 Zip 34240

25 Country USA.

2a. Mailing Address

26 345 INTERSTATE BLVD.

Suite, Apt. #, etc.

27 BUILDING D

City & State

28 SARASOTA, FL

29 Zip 34240

30 Country USA.

9. Name and Address of Current Registered Agent

MINDER, JOHN C
3970 BERLIN DRIVE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.1505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> DELETE
NAME	RAVINDRA MUNSHI	
STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VICE PRESIDENT, SECRETARY	<input type="checkbox"/> DELETE
NAME	JOHN C. MINDER, JR.	
STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	LARRY PAOLI	
STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	D. SCOTT McKENNA	
STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAVINDRA MUNSHI	
1.3 STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
1.4 CITY-ST-ZIP	SARASOTA, FL 34240	
2.1 TITLE	VICE PRESIDENT, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN C. MINDER, JR.	
2.3 STREET ADDRESS	345 INTERSTATE BLVD, BLDG. D	
2.4 CITY-ST-ZIP	SARASOTA, FL 34240	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

DATE

941-371-0415

DAYTIME PHONE

CR2E034 (9/96)