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

PROFIT CORPORATION ANNUAL REPORT **1998**



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000071568 (4) DOCUMENT #

CEI PRODUCTION, INC.

Principal Place of Business

60 MARINA AVE

Mailing Address

60 MARINA AVE

FILED May 13 1998 8:00am Secretary of State



KEY LARGO FL 83037 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number ✓ Applied For P.O. BOX 3052 P.O. BOX 3052 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Largo Key 23 28 Trust Fund Contribution Added to Fees Country USA Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due Jurie 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Steinocker, Delano A STEINACKER, DELANO A **60 MARINA AVE** Street Address (P.O. Box Number is Not Acceptable) 82 KEY LARGO FL 33037 83 131-Point Pleasant Zip Code 33037 Key Lorgo 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 ident, 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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes. Delano A. Steinecker SIGNATUI (NOTE: Registered Agent signal 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE TITLE 1.1 TITLE 2 Change Addition **STEINACKER. DELANO A** NAME 1.2 NAME 131-Point Pleasant Key Largo FL 33037 **60 MARINA AVE** STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP 14 CITY-S1-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - 7IP DELETE TITLE Change 5.1 TITLE ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 final report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corpolation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in of on an atta hment with an addres