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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

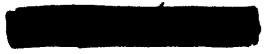
Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000093352 (7)

CE ACCILISITION CORP

## **FILED** Mar 25 1998 8:00am Secretary of State



<u>OF AM</u>	MISHION CONF. CAR.		-N	
Driveinal Plac		led on 12/1/9-	<u> </u>	
Principal Place of Business Mailing Address				
1615-118TH AVE. N. 1615-118TH AVE. N. ST. PETERSBURG FL 33716 ST. PETERSBURG FL 3			33716	
Will Educate I a soul				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 10/30/1997
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3474176 Not Applicable
		Suite, Apt. #, etc.	· · · ·	5. Certificate of Status Desired Second
22 27				Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	<b>28</b>	Country	110011 1110 001111
Zip	<del>-</del> -¬ ′		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
24	25 Name and Address of Curren	29 nt Registered Agent	30	10. Name and Address of New Registered Agent
REILLY, DAVID C				
1615-118TH AVE. N.			82 Street A	Address (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33716			0,0007	Additional (1.10). Box (Admitted to the tribotopically
			83	
4			84 City	FL 85 Zip Code
44. Purguent to the provisions of Spections 507 0502 and 607 1508 Floring Statutes, the above-pamed corporation submits this statement for the purgose 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 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agr	nni and title il applicable (	NOTE: Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	President Change Addition
NAME			1.2 NAME	David C. Reilly 1315 Forestedge Blvd.
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	_	☐ DELETE	2.1 TITLE	Vice President Change Addition
NAME			2.2 NAME	James S. Browning, Jr.
STREET ADDRESS			2.3 STREET ADDRESS	8610 Buttenwood Lane
CITY-ST-ZIP			2. 4 CITY+ST-ZIP	Pinellas Park, FL 33782
TITLE		☐ DELETE	3.1 TITLE	Secretary Change Addition
NAME		•	3.2 NAME	Deret D. Dinon
STREET ADDRESS			3.3 STREET ADDRESS	3010 BAY VILLA
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	TAMPA, FL 33611 Change Addition
TITLE		L DELETE	4.1 TITLE	
NAME			4. 2 NAME	LARRY A. I. T. O. I.
STREET ADDRESS			4.3 STREET ADDRESS	Brian 5. Young 10228 Rainbridge Drive Riverview, R. 33569
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ vereic	5.1 TITLE	- Company
NAME			5.2 NAME	₩ 10 m
STREET ADDRESS			5.3 STREET ADDRESS	3.20
CITY-ST-ZIP		DELETE	5.4 City-ST-ZiP 6.1 Title	Addition
TITLE			62 NAME	8000024676348hange
NAME			63 STREET ADDRESS	***150.00
STREET ADDRESS			6.4 CITY-ST-ZIP	***13U*OO
CITY-ST-ZIP	l		0.4 0/(1-01-7)	

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 on an attachment with an address.

resident

813-570-3900