


FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90052 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000022950
 1. Corporation Name
CTE SERVICES INC.

Principal Place of Business P. O. BOX 568 GOLDEN ROD FL 32733-0568	Mailing Address P. O. BOX 568 GOLDEN ROD FL 32733-0568
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3504264	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent EVASKIS, TERESA 2229 FAIRGLEN WAY WINTER PARK FL 32792				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 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	P, T	President, Treasurer		<input type="checkbox"/> DELETE			
NAME		Teresa Evaskis					
STREET ADDRESS		2229 Fairglenn Way					
CITY-ST-ZIP		Winter Park FL 32792					
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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		Vice President, Secretary		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		Christopher Evaskis					
1.3 STREET ADDRESS		2229 Fairglenn Way					
1.4 CITY-ST-ZIP		Winter Park FL 32792					
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Evaskis* **SIGNATURE REQUIRED** *President* **4/6/99** **407 230 4011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (3/1/98)