

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90003 049 ***150.00

DOCUMENT # P98000065918 ✓
Entity Name CE CE Fun Inc.

Principal Place of Business	Mailing Address
8446 NW 26 th Dr. CORAL SPRINGS, FL 33065	8446 NW 26 th Dr. CORAL SPRINGS, FL 33065

Principal Place of Business 3575 Broken Woods Dr. Suite, Apt. #, etc. APT. # 1001	3. Mailing Address 3575 Broken Woods Dr. Suite, Apt. #, etc. APT. # 1001
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DO NOT WRITE IN THIS SPACE

City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 65-0857113		Applied For	
Zip 33065		Country Broward		Zip 33065		Country Broward	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
Amerilawyer 343 Almena Ave Coral Gables, Fl. 33134	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.S.D.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Way Claire F.		NAME		
STREET ADDRESS	3575 Broken Woods Dr.		STREET ADDRESS		
CITY - ST - ZIP	Coral Springs Fl.		CITY - ST - ZIP		
TITLE	V.T.N.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Way Christopher L.		NAME		
STREET ADDRESS	12141 54th St. N.		STREET ADDRESS		
CITY - ST - ZIP	Royal Palm Beach, FL 33411		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	P.S.D. CLAIRE F. WAY	<input type="checkbox"/> Delete	TITLE	P.S.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY, Christopher		NAME	WAY, CLAIRE F. WAY	
STREET ADDRESS	8446 NW 26th Dr.		STREET ADDRESS	3575 Broken Woods Dr. apt # 1001	
CITY - ST - ZIP	Coral Springs Fl. 33065		CITY - ST - ZIP	Coral Springs Fl. 33065	
TITLE	V.T.N.	<input type="checkbox"/> Delete	TITLE	V.T.N.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Way Christopher L.		NAME	Way Christopher L.	
STREET ADDRESS	8446 N.W. 26th Dr.		STREET ADDRESS	12141 54th St. N.	
CITY - ST - ZIP	Coral Springs Fl. 33065		CITY - ST - ZIP	Royal Palm Beach, Fl. 33411	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clair F. Way 4-11-00 954-344-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CLAIRE F WAY

CR2E034 (9/99)