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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097452

1. Corporation Name

CEJM CONSULTING, INC.

Principal	Place	of	Вι	usin	ess
			•	•	

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90019 015 ***150.00



Principal Place of Business Mailing Address										
6193 BALBOA CIR#302 6193 BALBOA CIR#302										
BOCA RATON	RATON FL 33433 BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualified	TO OF TOL			
	•					11/16/1998				
2 Principal P	lace of Rusiness	2a. Mailing Address				4. FEI Number		pplied For		
2. FIROPAIT	2. Principal Place of Business 2a. Mailing Address 26				65-0818905		ot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			a C. What of Status Desired	\$8.75	Additional			
22		27		5. Certifcate of Status Desired	Fee R	equired				
City & Stat	City & State City & State			6. Election Campaign Financing	\$5.00	May Be				
23		28				Trust Fund Contribution	Added	to Fees		
Zip	Country Zip Cou		untry	6. This ociporation area and and area area.			r7			
24	25	[29]	30			Personal Property Tax. Yes □No				
	9. Name and Address of Cur	rrent Registered Agent		81 🛰	Name	10. Name and Address of New Register	ea Agent			
HEC	SINA, EILEEN F			"	4attie					
	B BALBOA CIR.,#302			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	CA RATON FL 33433			83			<u> </u>			
000	A TATOM I E GOTGO			""						
	•			84 (City		85 Zip	Code		
44 5	to the previous of Fastians 607	0502 and 607 1509 Florida S	tatutes the	bove-n	amed corno	ration submits this statement for the nurnose	of changing it	s registered		
	registered agent, or both, in the Starm familiar with, and accept the ob-				e corporation	n's board of directors. I hereby accept the ap	pointment as r	egistered		
SIGNATURE	·									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					gnature required	when reinstating) DATE	AND DIDECT	ODE IN 12		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
TITLE	PD	☐ DELET			1 00	I MA CHARLES	_	Addition		
NAME	meson , circuit			IAME TREET AD	77/					
STREET ADDRESS					DRESS 67	3-10 Parod IL 33	433			
CITY-ST-ZIP	BOCA RATON FL 33433	DELET		XTY-ST-Z	1P	, , , , , , , , , , , , , , , , , , ,	Change	Addition		
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NAME				TREET AD	NDESS					
STREET ADDRESS	~ ~ ~	. , ++		CITY-ST-Z				- ~		
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NAME				AME						
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CITY-ST-ZIP			34.0	CITY-ST-Z	ZIP	•				
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NAME			4, 2	NAME				ļ		
STREET ADDRESS	·		4.3 5	TREET AD	DORESS			}		
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STREET ADDRESS				TREET AD						
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				TY-ST-Z	3 <i>t</i>					
TITLE		☐ DELET	E 6.1 1	TILE	<u> </u>		Change	Addition		
NAME		DELET	E 6.1 T	ITLE IAME			Change	Addition		
		C) DELET	E 6.11 6.21 6.35	TILE	DORESS .	",	Change	Addition		

14. 1 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 suppliemental 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: