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Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S02894

(1)

1. Corporation Name

CEK OF LEON COUNTY, INC.

Principal Place of Business

301 EDGEWATER DR  
SUITE 116  
WAKEFIELD MA 01880  
US

Mailing Address

301 EDGEWATER DRIVE  
SUITE 116  
WAKEFIELD MA 01880-1249  
US

3. Date Incorporated or Qualified  
09/28/1990

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

21 790 Boylston St.

Suite, Apt. #, etc.

22 16F

City & State

23 Boston, Ma.

24 02199

Country

25 USA

2a. Mailing Address

26 P.O. Box 411

Suite, Apt. #, etc.

27 Lynn Field, Mass

City & State

28 Lynn Field, Ma.

29 01940 -

Country

30 USA

4. FEI Number  
59-3008584

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BAUMER, THOMAS M  
ONE ENTERPRISE CENTER, STE. 2000  
225 WATER ST  
JACKSONVILLE FL 32201

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME PD THOMPSON, CHARLES M

STREET ADDRESS 300 EDGEWATER DR SUITE 116

CITY-ST-ZIP WAKEFIELD MA

DELETE

TITLE

NAME WACKS, KENNETH

STREET ADDRESS 300 EDGEWATER DR SUITE 116

CITY-ST-ZIP WAKEFIELD MA

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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 a 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, with an attachment with an address.

SIGNATURE

President

3/12/97

612-421-1612

CR2E034 (9/96)