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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 17, 1999 8:00am **Secretary of State**

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1999		DIVISION OF CORPORATIONS	02-17-1999 9
DOCUMENT # SA	43591		

11001011	CE & INVESTMENT PLANN	IING, INC.						
Principal Place	of Business	Mailing Address					!	
9951 ATLANTIC E		9951 ATLANTIC BLVD			•			
#212 ·		#212				DO NOT WRITE IN THIS SP	ACE	
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225			3. Date Incorporated or Qualifed					
US		UU				04/08/1991		
		2a. Mailing Address				4. FEI Number		ied For
2. Principal Pla	ace of Business					59-3062815		Applicable
21		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ad	
Suite, Apt. #	ŧ, etc.	27				5. Certificate of Status Desired	Fee Req	
22		City & State				6. Election Campaign Financing	\$5.00 M	lay Be
City & State	•	28				Trust Fund Contribution	Added to	Fees
23	Country	Zip	Cou	intry		8. This corporation owes the current year Intang	gible	_[.]
Zip ·	·	29	30			Personal Property Tax.	_Yes 👸 L	JNo
24	9. Name and Address of Currer					10. Name and Address of New Registered Ag	jent 🎳	
	9. Name and Address of Conter			81	Name	·	1	1
FFRA	RELLI, LANCE A	•		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	1	
	CAPISTRANO DR			02	Succi Mudit	<u> </u>	, lik	30 9 27 S
	(SONVILLE FL 32224			83				
JACK	William in June .						85 Zip C	ode
				84	City	FI '	1 ''	
·	•					poration submits this statement for the purpose of chon's board of directors. Thereby accept the appoint		
i	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registere	d Agent		ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	E: Registere	d Agent		ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND		
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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: