PLEASE READ	ALL INSTRUCTIONS	REFORE C	OMPLETI	NG THIS FORM	
PPLICATION FOR STATEMENT			FILED 97 JAN 15 AM 11: 35		
DOCUMENT # VLIQQIQ 1. Corporation Name C. P. E., INC.		,	S TA	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Place of Business Mamaroneck Avenue, te 203 rison NY 10528	Mailing Address Same)EINIQT	TATEMENT 90-97	
If above addresses are incorrect in any way, fine through incorrect information and enter correct. 2. New Principal Office Address, if Applicable 3. New Mailing Address, if Applicable 2. New Principal Office Address, if Applicable 3. New Mailing Address, if Applicable 4. Suite, Apt. #, etc.		correction below. able n St.	Date Incorport To Oo Busin FEI Number	DO NOT WRITE IN THIS SPACE prated or Qualified less in Florida 07/06/92 Applied For	
ando, FL 32801	Zip Country	у	6. CERTIFICATE	OF STATUS DESIREMX S8.75 Additional Fee required for a Certificate of Status	
Name of Officers Street Ad e(s) and or Directors Officer ar		eet Address of Each		City / State / Zip	
Theodore Bolin	lin 1500 Br		nue	Winter Springs, FL 32708	
Fred D. Clark	d D. Clark 1500 Bra		nue	Winter Springs, FL 32708	
VP Michael E. Rosen 1500 Brae		aewick Avenue Winter Springs, FL 32708			
				1000020612848 -01/17/9701013013 ****923.75 ****923.75	
8. Name and Accress of Current R	legistered Agent		9. Name and A	address of New Registered Agent	
Michael E. Rosen 1500 Braewick Avenue Winter Springs, FL 32708			Name W. Scott Callahan Street Address (P.O. Box Number is Not Acceptable) 28 East Washington Street Suite, Apt. #, Etc.		
City Orlando State Zip Code FL 32801 10. I, being appointed the registerer agent of the above specific or position. am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent No. Scott Callahan REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)					
that I am an officer or director or the receivinstatement application the reason for disso wed by the corporation have been paid. Thought.	y of non-compliance with Section 11 are or trustee empowered to execute plution has been eliminated, the corple information indicated on this applications are information indicated on the section of the section of the sec	9.07(3)(k) in the even porate name satisfication as cation is true and a MTCHAET. F	ont that the informa- provided for in ch as the requirement accurate, and my	ation supplied is deemed exempt from public access. I a paper 607 or 617, F.S. I further certify that when the history is of section 607 0401 or 617 0401 F.S. and that all	
	PLICATION FOR STATEMENT UMENT # L QQ Q Q atton Name P. E., INC. Place of Business Mamaroneck Avenue, the 203 rison, NY 10528 addresses are incorrect in any way, line through the contract of the properties o	PLICATION FOR STATEMENT Sandra B. Mor Secretary of S DIVISION OF CORPOR UMENT # LOCAL 9 P. E., INC. Place of Business Mailing Address P. E., INC. Place of Business Mailing Address Mailin	FUNCATION FOR STATEMENT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS UMENT # VLQQQQ P. E., INC. Place of Business Mamaroneck Avenue, te 203 rison, NY 10528 addresses are incorred in any way, line through incorrect information and enter correction below, ancipal Office Address, if Applicable Past, Washington St. 28 East Washington St. 29 East Washington St. 30 New Making Address, if Applicable Past, Washington St. 20 Country 20 Country 20 Country 21 Country 22 Country 23 Country 25 Country 26 Country 26 Country 27 Country 28 Stelle, Apt. 4, etc. 18 Theodore Bolin 1500 Braewick Avenue Pred D. Clark 1500 Braewick Avenue 1500 Braewick	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS UMENT # VLQQQQ Bitton Name P. E., INC. Washing Address Mamaroneck Avenue, Same te 203 rison, NY 10528 REINS REI	