

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90095 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005778

1. Corporation Name
CEI REALTY, INC.



Principal Place of Business 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA MD 20814-6195	Mailing Address 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA MD 20814-6195
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1993	4. FEI Number 52-1720754	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

METZGER, JOHN T ESQUIRE
C/O GREENBERG, TRAUIG
777 SOUTH FLAGLER DRIVE, SUITE 301-E
WEST PALM BEACH FL 33401

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, A J	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	NUSSDORF, LAWRENCE C	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PUMPHREY, CONNIE B	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEAWRIGHT D STEPHENB	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	OWEN, REBECCA L	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLANAGAN, ROBERT J	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA MD 20814	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	7500 Old Georgetown Road	
3.4 CITY-ST-ZIP	Bethesda, MD 20814	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Seawright, D. Stephen	
4.3 STREET ADDRESS	7500 Old Georgetown Road	
4.4 CITY-ST-ZIP	Bethesda, MD 20814	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	7500 Old Georgetown Road	
5.4 CITY-ST-ZIP	Bethesda, MD 20814	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Lawrence C. Nussdorf 2/17/99 (301) 659-7157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)