


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000008687
 1. Entity Name
COLLATERAL EVALUATION ASSOCIATES, INC.



Principal Place of Business Mailing Address
4457 HICKORY DRIVE **4457 HICKORY DRIVE**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0387356** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FEINSINGER, FREDERICK
4457 HICKORY DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FEINSINGER, FREDERICK	
STREET ADDRESS	4457 HICKORY DRIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEINSINGER, MARGARET S	
STREET ADDRESS	4457 HICKORY DRIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEINSINGER, GREGORY F	
STREET ADDRESS	172 BENT TREE DR	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINETTE, R L	
STREET ADDRESS	6310 FARMINGDALE DR	
CITY - ST - ZIP	CHARLOTTE NC 28212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000016084	
CITY - ST - ZIP	01/28/04-80041-012 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Frederick W Feinsinger* **FREDERICK W. FEINSINGER** Date *1/28/04* Daytime Phone # *561 624 5171*