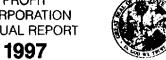
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000063554 (7)

CEA TEMPEST, INC.

NAME STREET ADDRESS CITY-ST-ZIP

Principal Plac 101 E. KENNE BUITE 3300 TAMPA FL 330	DY BLVD.	101 E. KENNEI SUITE 3300	Mailing Address 101 E. KENNEDY BLVD. SUITE 3300 TAMPA FL 33602-5151							
						3. Date Incorporated or Qua 08/25/1994		Date of Last R -/11/1996	eport	
	lace of Business	2a. Mailing Ad	dress			4. FEI Number 59-3260749		<u> </u>	plied For	
Sulte, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				(m)	\$8.75 A	ot Applicable	
22	<u> </u>	27				5. Certificate of Status Desire	ed 🔲	Fee Re		
City & State	e	— ·	City & State			6. Election Campaign Financ		\$5.00		
Zip	Country	<b>28</b> 7ip		Country	,	Trust Fund Contribution	L. for intensibl	Added t		
24	25	29	30	ר '	•	8. This corporation has liability Florida Statutes	iy tor ilitangibi Yes		. 199.032,	
	9. Name and Address of Curren	t Registered Agen			,	10. Name and Address of Ne	w Registered	Agent		
	WTHROP, H. GENE			81		George Pollock,	T/.			
101 E. KENNEDY BLVD.				82	Street A	ddress (P.O. Hox Number is Not Acc	eptable)	.1. 33	_	
	TE 3300 IPA FL 33602			83	10	11 E. Kennedy BI	14' 21	vite 33	00	
1750	IFA FL 33002									
				64	City T	ampa	FL	_ 85 Zip (	Code <b>6602</b>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Flo	rida Statutes,	the abov	e-named c	orporation submits this statement for	the purpose of	of changing it	s registored	
agent. I a	m familiar with, and accept the obliga	ations of Section 60	7.0505, Floric	la Statule	y the corpc s.	ration's board of directors. Thereby	accept the ap	Johnneni as	registered	
SIGNATURE	Signature, type or printed name of registered as	Same and and the	(NOTE: F			equired when reinstating)	DATE			
12.	OFFICERS AND		(NO): N	13.	ena signature re	ADDITIONS/CHANGES TO		D DIRECTOR	S IN 12	
TITLE	DP		DELETE	1 1 TITLE		, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME	MICHAELS, J. PATRICK JR.			1.2 NAME						
STREET ADDRESS	101 E. KENNEDY BLVD., STE.	3300		1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL			1.4 C/TY - 5	ST - ZIP					
TITLE	OORDON, BRAD A	L	DELETE	2.1 TO LE		•		Change	Addilion	
NAME	101 E. KENNEDY BLVD., STE.	2200		2.2 NAME						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	~~~		2.3 \$TREET						
TITLE	S	×	DELETE .	2 4 CHTY-	51-ZIF	3	·	Change	Addition	
NAME	GAWTHROP, H. G		Ì	3.2 NAME		Buens, DAVID A.		· •	~	
STREET ADDRESS	101 E. KENNEDY BLVD., STE.	3300		3.3 STREET		love . Kemedy bird .	, Buite	3300		
CITY-ST-ZIP	TAMPA FL			3.4. CITY -	ST-ZIP		602			
TITLE	TS		DELETE	4.1 TITLE				Change	Addition	
NAME	POLLOCK, GEORGE A	****		4. 2 NAME						
STREET ADDRESS	101 E. KENNEDY BLVD., STE. TAMPA FL	3300		4.3 STREET						
CITY-ST-ZIP TITLE	IMMEN EL		DELETE	4.4 CITY - 5	ST - ZIP	<del></del>		Change	Addition	
NAME		U	VILLIE	5.1 TITLE 5.2 NAME				Citalige	TITY MODITION	
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY - 9						
TITLE			DELETE	6.1 TITLE				Change	Addition	

6.4 CITY - ST - ZIP 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 eath; 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.