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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000072198**

1. Corporation Name
CED CAPITAL HOLDINGS VIII, INC.

Principal Place of Business	Mailing Address
1551 SANDSPUR ROAD MAITLAND FL 32751	P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/20/1997

4. FEI Number
59-3493151
[ ] Applied For
[ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

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

300000285933 3- - 0
-04/30/99--01137--015
****150.00 ****150.00

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent must sign for himself when required) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	GINSBURG, ALAN H	
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	DPST	[X] Change	[ ] Addition
12 NAME	GINSBURG, ALAN H.		
13 STREET ADDRESS	1551 SANDSPUR ROAD		
14 CITY-ST-ZIP	MAITLAND, FL 32751		
21 TITLE	VP	[ ] Change	[X] Addition
22 NAME	BROCK, JAY P.		
23 STREET ADDRESS	1551 SANDSPUR ROAD		
24 CITY-ST-ZIP	MAITLAND, FL 32751		
31 TITLE	VP	[ ] Change	[X] Addition
32 NAME	DOODY, TEICIA		
33 STREET ADDRESS	1551 SANDSPUR ROAD		
34 CITY-ST-ZIP	MAITLAND, FL 32751		
41 TITLE	VP	[ ] Change	[X] Addition
42 NAME	SCIARRINO, MICHAEL J.		
43 STREET ADDRESS	1551 SANDSPUR ROAD		
44 CITY-ST-ZIP	MAITLAND, FL 32751		
51 TITLE	VP	[ ] Change	[X] Addition
52 NAME	GINSBURG, JEFFREYS.		
53 STREET ADDRESS	1551 SANDSPUR ROAD		
54 CITY-ST-ZIP	MAITLAND, FL 32751		
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

CR2E034 (11/98)

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: _____ 4/22/99 407/741-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number