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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J95970** 1. Corporation Name

CEA INVESTMENTS, INC.

Principal	Place	of	Business

Mailing Address

101 F KENNEDY BLVO 3300

May 07, 1999 8:00 am Secretary of State

05-07-1999 90154 024 ***150.00



PO BOX 22558 TAMPA FL 3360			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
					09/30/1987				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For			
21		26			59-2853612	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intang				
24	25	29 3	0		Personal Property Tax. Yes No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
5011	ook orobor in		81	Name					
POLLOCK, GEORGE JR			82	Street A	Address (P.O. Box Number is Not Acceptable)				
101 E KENNEDY BLVD			L						
	3300		83						
TAMPA FL 33602			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	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: P	enistered Ana	nt sunnature re	quired when reinstating) DATE	<u> </u>			
	OFFICERS AN		13.	at signistate 10	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12			
TITLE	DP STREET	☐ DELETE	1.1 TITLE			Change Addition			
NAME	MICHAELS, J. PATRICK, JR		1.2 NAME						
STREET ADDRESS	104 MENUEDY DI 0000			TADORESS					
CITY-ST-ZIP				T-ZIP		İ			
TITLE	VS	☐ DELETE	2.1 TITLE			Change Addition			
NAME	_								
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP	V11 NT101			ST-ZIP					
TITLE	V DELETE 3.1 TI					Change Addition			
NAME	GORDON, BRAD A								
STREET ADDRESS	CONDON, DIVID A			T ADDRESS					
CITY-ST-ZIP	TAMPA FL		3.4. CITY-5	T-ZIP					
TITLE	VT	☐ DELETE	4.1 TITLE		[_] Change			
NAME	POLLOCK, GEORGE A JR. 4.2N								
STREET ADDRESS	ESS 101 E. KENNEDY BLVD., STE. 3300			TADORESS		}			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-S	T-ZIP					
TITLE	☐ DELETÉ 5.1 T			1	[☐ Change ☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition			
NAME			62 NAME						
STREET ADDRESS	ORESS 6.3 S			TADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-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: