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May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K00928** **(7)**

1. Corporation Name
CEIA, INC.

Principal Place of Business	Mailing Address
5011 OCEAN BLVD. SARASOTA FL 34242	5011 OCEAN BLVD. SARASOTA FL 34242-1634

3. Date Incorporated or Qualified: **11/03/1987**
3a. Date of Last Report: **06/12/1996**

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

4. FEI Number: **65-0024546** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANGEDYK, RICHARD J
5376 SHADOWLAWN DRIVE
SARASOTA FL 34242

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~X~~D ☐ DELETE	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	LANGEDYK~~E~~, RICHARD J	1.2 NAME	LANGEDYK, RICHARD J.
STREET ADDRESS	5376 SHADOWLAWN DRIVE	1.3 STREET ADDRESS	5376 SHADOWLAWN DRIVE
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	SARASOTA, FL. 34242
TITLE	TD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILCOTT, LYNN R.	2.2 NAME	
STREET ADDRESS	625 TREMONT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	~~X~~D ☐ DELETE	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	STAMP, ANDREW JR.	3.2 NAME	STAMP, ANDREW JR.
STREET ADDRESS	~~2630 COLORADO ST.~~	3.3 STREET ADDRESS	5277 SUNNYDALE CIRCLE EAST
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL. 34233
TITLE	~~X~~D ☐ DELETE	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	BUTOR, JOHN A	4.2 NAME	BUTOR, JOHN A.
STREET ADDRESS	3833 EASTON ST.	4.3 STREET ADDRESS	3833 EASTON ST.
CITY-ST-ZIP	SARASOTA FL 34238	4.4 CITY-ST-ZIP	SARASOTA, FL. 34238
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	ZEITLER, MARKUS
STREET ADDRESS		5.3 STREET ADDRESS	12398 MELROSE WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL. 33482
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: [signature] RICHARD J. LANGEDYK 5-13-97 941-349-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431039