

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003240
 1. Corporation Name
CEIBA, INC.

Principal Place of Business	Mailing Address
602 SOUTH MAIN ST. SUITE H9 GAINESVILLE, FL 32601	

3. Date Incorporated or Qualified
JUNE 2, 1997

4. FEI Number 31-1565636	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 602 S. MAIN ST.	26
22 Suite, Apt. #, etc. SUITE H9	27 Suite, Apt. #, etc.
23 City & State GAINESVILLE, FL	28 City & State
24 Zip 32601	25 Country USA
	29 Zip
	30 Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

JAN SENDZIMIR
562 NE 2nd AVE.
GAINESVILLE, FL 32601

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jan Sendzimir* DATE **28 July 1998**

Signature typed or printed name of reg. agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE
NAME	JOE E. MEISEL
STREET ADDRESS	2819 N. CLEVELAND
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE
NAME	CATHERINE WOODWARD
STREET ADDRESS	5612 LAKE MENDOTA DR.
CITY-ST-ZIP	MADISON, WI 53705
TITLE	TREASURER/SECRETARY/DIRECTOR <input type="checkbox"/> DELETE
NAME	JAN SENDZIMIR
STREET ADDRESS	562 NE 2nd AVE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002608523
5.3 STREET ADDRESS	-08/05/98--01099--035
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. E. Meisel* DATE: **MAY 4, 1998** TIME: **773-871-3403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)