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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16528 CEA, INC.

(2)

FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							I DIDII DIDII DIDI	# 10 10 10 10 10 10 10 1	
101 E. KENINE	EDY BLVD SUITE 3300	101 E. KENNEI	101 E. KENNEDY BLVD., SUITE 3300						
TAMPA FL 33	802	TAMPA FL 336	TAMPA FL 33602			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	110 07 7102		
						10/26/1987			
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		Applied For	
21 26						59-2749986		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #			, etc.			5. Certificate of Status Desired		5 Additional Required	
22 27 City & State City & State						6. Election Campaign Financing			
23 28						Trust Fund Contribution		00 May Be led to Fees	
Zip	······································			Country		8. This corporation owes or has paid the current year Intangible			
24	25 29 30				Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
DAVID A BURNS				81	Name				
101 E KENNEDY BLVD				82	Street A	dress (P.O. Box Number is Not Acceptable)			
SUITE 3300				83					
IAI	MPA FL 33802								
				84	City		FL 85 7	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Flor	ida Statutes, the	e above	e-named c	orporation submits this statement for the purpo	se of changir	ng 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 hyped or printed name of registered agent and title if applicable (NOTE: Registe					nt signature re	<u> </u>	ATE		
12.	OFFICERS ANI			1 TITLE	······································	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
NAME	PCD MICHAELS, J. PATRICK JR	L.		2 NAME			Crian	nge ROUNION	
STREET ADDRESS	3024 VILLA ROSA PARK				ADDRESS			13	
CITY-ST-ZIP	TAMPA FL			.4 CITY-S	1			13	
TITLE	D			1 TITLE			Chan	ge Addition	
NAME	GAWTHROP, H. GENE		2	.2 NAME					
STREET ADDRESS	ROUTE 1, BOX 1700, WILLOV	v pond	2	3 STREET	ADDRESS			Í	
CITY-ST-ZIP	DAHLONEGE GA			4 CiTY-	ST - ZIP				
TITLE	D			1 TITLE			☐ Chan	ge L Addition	
NAME	EWEN, HAROLD D	^		.2 NAME	}			}	
STREET ADDRESS	101 E KENNEDY BLVD, #330	U			ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL VS			4 CITY-!	ST-ZIP		Chan	ge Addition	
NAME	BURNS, DAVID A	L) ;	1	2 NAME			Unqu	igo C Addition	
STREET ADDRESS	2404 PARKLAND BLVD.				ADDRESS				
CITY-ST-ZIP	TAMPA FL			4 City-S					
TITLE	VT			1 TITLE			Chán	ge Addition	
NAME	GORDON, BRAD A.		5	2 NAME					
STREET ADDRESS	101 E KENNEDY BLVD #3300)	5	3 STREET	ADDRESS				
CITY - ST - ZIP	TAMPA FL	<u> </u>		4 CITY - S	T - ZIP				
TITLE				1 TITLE			☐ Chan	ge Addition	
NAME				2 NAME				1	
STREET ADDRESS					ADDRESS			Į	
CITY-ST-ZIP	certify that the information supplied w	ith this filing does no		4 CITY - S		in Section 119.07(3)(i), Florida Statutes. I furth	er certify that	the information	
	and a section in community to the section of the se	and iming does no	s quality for the	avenib		in coonsi, risky joyny, i konod signica i idini	in ocitina mar	and anomination	

indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same logal 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

F SIGNING OFFICER OR DIRECTOR DIRECTOR