

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90112 031 ***150.00

0384769

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P16528

1. Corporation Name
CEA, INC.

Principal Place of Business
**101 E. KENNEDY BLVD., SUITE 3300
 TAMPA FL 33602**

Mailing Address
**101 E. KENNEDY BLVD., SUITE 3300
 TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1987

4. FEI Number
59-2749986

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DAVID A BURNS
 101 E KENNEDY BLVD
 SUITE 3300
 TAMPA FL 33602**

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		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MICHAELS, J. PATRICK JR	
STREET ADDRESS	3024 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAWTHROP, H. GENE	
STREET ADDRESS	ROUTE 1, BOX 1700, WILLOW POND	
CITY-ST-ZIP	DAHLONEGE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWEN, HAROLD D	
STREET ADDRESS	101 E KENNEDY BLVD, #3300	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BURNS, DAVID A	
STREET ADDRESS	2404 PARKLAND BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GORDON, BRAD A.	
STREET ADDRESS	101 E KENNEDY BLVD #3300	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<i>CD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAELS, J. PATRICK JR.	
1.3 STREET ADDRESS	101 E KENNEDY BLVD, #3300	
1.4 CITY-ST-ZIP	TAMPA, FL 33602	
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	<i>HS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURNS, DAVID A.	
4.3 STREET ADDRESS	101 E. KENNEDY BLVD # 3300	
4.4 CITY-ST-ZIP	TAMPA, FL 33602	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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)(l), 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: _____ DATE: _____ DAYTIME PHONE #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)