

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

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000039167 (0)**

1. Corporation Name  
**CEC INTERNATIONAL, INC.**



Principal Place of Business <b>POB 1010 EASTPOINT FL 32328</b>	Mailing Address <b>POB 1010 EASTPOINT FL 32328-1010</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/28/1993</b>	3a. Date of Last Report <b>04/15/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-3186789</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	29	23 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	26 Zip	27 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CIANCIOLO, CHERYL  
120 15TH ST.  
APALACHICOLA FL 32320**

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

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIANCIOLO, CHERYL</b>	1.2 NAME	
STREET ADDRESS	<b>P O BOX 1010</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EASTPOINT FL N/A</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERICKSON, DORIS</b>	2.2 NAME	
STREET ADDRESS	<b>9615 SKYLARK BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GARDEN GROVE CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>BM</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONAHOE, SHAUN</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 668 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APALACHICOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Secretary-Treasurer</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Terry Weber</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 265</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Apalachicola, FL N/A</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **CE Cianciolo / President** 4/10/97 904-6532015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)