FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P94000051828 (9)

CED CAPITAL HOLDINGS IV B, INC.

Principal Place of Business % B&C CORPORATE SER. OF CENTRAL FLA.,INC. % B&C CORPORATE SER. OF CENTRAL FLA.,INC 390 N. ORANGE AVE., STE. 1100 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1994 03/31/1995 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3260838 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ziri Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. 83 **SUITE 1100** ORLANDO FL 32801 City 85 Zip Code 11. Pursuant to the provisions of actions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of State of Florida. Such plange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am against of Specific 977,605, Florida Statutes. or registered agent, or both, i familiar with, and accept the SIĞNATURE OFFICERS AND DIRECTOR 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE Change Addition 1. 1 TIFLE GINSBURG, HARRIET NAME 1.2 NAME 2200 LUCIEN WAY STE. 450 STREET ACCRESS 1.3 STREET ADDRESS MAITLAND FL 32751 1.4 CITY - \$1 - 2IP DELETE TIFLE 2 1 TITLE Change ☐ Addition NAM: PEPPER. DONNA D 2.2 NAME STREET ADDRESS 2200 LUCIEN WAY STE., 450 2.3 STREET ADDRESS CHY ST ZiP MAITLAND FL 32751 24 CITY-ST-ZIP DELETE 1.1(6 **CFOS** 3 1 TITLE . Change Change ☐ Addition SCIARRINO, MICHAEL J NAME 3.2 NAME 2200 LUCIEN WAY STE., 450 STHEFT ADDRESS 3.3. STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 3.4 CITY - ST - ZIP 2003 DELETE ☐ Change 4 1 THILE ■ Addition SHASSIAN, LOUIS P NAME 4.2 NAME 2200 LUCIEN WAY STE. 450 STREET ACCORESS 4.3 STREET ADDRESS MAITLAND FL 32751 COLY ST ZIP 4.4 CITY - ST - 7IP TIFLE ☐ DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13

CHT+ST ZIP

STREET ADDRESS

CH14-ST-21F

111.8

NAME

5 4 CHTY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 outh; that I am an officer or director of the corporation or the receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 1 TITLE +

6.2 NAME +

DELETE

2/21/96 (407) 660-1110

Davtime Phone #

Addition

'0000174834 Rage

-03/19/96--01017--024

***200.00

FILED

Secretary of State

Mar 18 1996 8:00 am