

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051828 (9)

1. Corporation Name

CED CAPITAL HOLDINGS IV B, INC.

Principal Place of Business

% B&C CORPORATE SER. OF CENTRAL FLA., INC.
380 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

Mailing Address

% B&C CORPORATE SER. OF CENTRAL FLA., INC.
380 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801-1641

2. Principal Place of Business

21 2200 Lucien Way

Suite, Apt. #, etc.

22 Ste. 450

City & State

23 Maitland FL

Zip

24 32751

Country

25 USA

2a. Mailing Address

26 P.O. Box 4961

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32802-4961

Country

30 USA

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
380 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3260838

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME GINSBURG, HARRIET
STREET ADDRESS 2200 LUCIEN WAY STE. 450
CITY-ST-ZIP MAITLAND FL 32751

TITLE V
NAME PEPPER, DONNA D
STREET ADDRESS 2200 LUCIEN WAY STE., 450
CITY-ST-ZIP MAITLAND FL 32751

TITLE CFOS
NAME SCIARRINO, MICHAEL J
STREET ADDRESS 2200 LUCIEN WAY STE., 450
CITY-ST-ZIP MAITLAND FL 32751

TITLE V
NAME SHASSIAN, LOUIS P
STREET ADDRESS 2200 LUCIEN WAY STE. 450
CITY-ST-ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)