

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

FILED

97 APR 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000018822 (3)

1. Corporation Name
CED, INC.

Principal Place of Business

2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751

Mailing Address

2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751-7030

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3307806

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 000002153610--7
84 04/24/97--01054--021
****165.00 ****165.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GINSBURG, ALAN H	2200 LUCIEN WAY, STE. 450	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSIT ID	Alan H. Ginsburg	2200 Lucien way, ste. 450	Maitland, FL 32751	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Michael J. Scharrino	2200 Lucien way, ste. 450	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Keph Ray	2200 Lucien way, ste. 450	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UP	Louis P. Shassian	2200 Lucien way, ste. 450	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UP	Jay P. Brock	2200 Lucien way, ste. 450	Maitland, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED: Alan H. Ginsburg 4/22/97 407/660-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)