

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

0091159

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
09 APR 27 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000018822**

1. Corporation Name  
**CED, INC.**



Principal Place of Business: **1551 SANDSPUR RD MAITLAND FL 32751**  
Mailing Address: **P O BOX 4961 ORLANDO FL 32801-4961**

DO NOT WRITE IN THIS SPACE

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3. Date incorporated or Qualified: **03/08/1995**  
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 owes the current year Intangible Personal Property Tax: [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801**

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

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's signature is required when applicable)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	[ ] DELETE
NAME	<b>GINSBURG, ALAN H</b>	
STREET ADDRESS	<b>1551 SANDSPUR RD</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>VP</b>	[ ] DELETE
NAME	<b>SCIARRINO, MICHAEL J</b>	
STREET ADDRESS	<b>1551 SANDSPUR RD</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>VP</b>	[ ] DELETE
NAME	<b>SHASSIAN, LOUIS P</b>	
STREET ADDRESS	<b>1551 SANDSPUR RD</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>VP</b>	[ ] DELETE
NAME	<b>BROCK, JAY P</b>	
STREET ADDRESS	<b>1551 SANDSPUR RD</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>VP</b>	[ ] Change [X] Addition
12 NAME	<b>STIMMELL, DAVID M.</b>	
13 STREET ADDRESS	<b>1551 SANDSPUR ROAD</b>	
14 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
21 TITLE	<b>VP</b>	[ ] Change [X] Addition
22 NAME	<b>RAY, KEITH</b>	
23 STREET ADDRESS	<b>1551 SANDSPUR ROAD</b>	
24 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
31 TITLE		[ ] Change [ ] Addition
32 NAME	<b>4000002859354-5</b>	
33 STREET ADDRESS	<b>-04/30/99-01137-021</b>	
34 CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(c), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

407/741-8500

CR2E034 (11/98)