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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000032946**1. Corporation Name

CEA MALAYSIAN ADVISORY CORP.

Principal Place of Business Mailing Address)	An Pani da	iiii 38 iii 88ii 33 :	1050 0 11 0 1 0 10501 0	11010 0111 1001
•	Y BLVD STE. 3300	101 E. KENNEDY BLVD.,	101 E. KENNEDY BLVD., STE. 3300 TAMPA FL 33602					•			
TAMEN IE SOOZ							DO NOT WRITE IN THIS SPACE				
		•				Γ	3. Date Incorporated or	Qualifed			j
							04/10/1997				
Principal Place of Business 2a. Mailing Address							4. FEI Number			Apr	olied For
21 26							<u>65-0743638</u>			 	Applicable
Suite, Apt. #, etc: Suite, Apt. #,			#, etc.				5. Certificate of Status D	esired		\$8.75 A	
22 27										Fee Re	`
City & State City & State				•			6. Election Campaign F			\$5.00	, ,
23		28	Zip Country				Trust Fund Contributi			Added to	rees
i Zip ──i	Country	Zip	¬ '				8. This corporation owe		ent year inta		□No
24	9. Name and Address of Curr	rent Registered Agent	30	_	 -		Personal Property Ta		Registered /		
	g. Name and Address of Cur	ent Registered Agent		B1	Name		IO. Hame and Address	<u></u>	to Broto to 1		
BUR	NS, DAVID A										
101 E. KENNEDY BLVD., STE. 3300				82	Street A	Address	(P.O. Box Number is No	it Accepta	able) .		
	PA FL 33602			83							
			L								
	•		[1	84	City				FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					-named (corpora	tion submits this stateme	nt for the	purpose of	 changing its	registered
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was :	authorized	by !	the corpo	oration's	board of directors. I here	by acce	pt the appoir	ıtment as reç	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Fi	onda Statut	es.							j
SIGNATURE	Signature, typed or printed name of registered	NOT	E: Registered A	den	t signature re	equired wh	en reinstatino)		DATE		
12.		AND DIRECTORS	13.		· organization		ADDITIONS/CHANGE	S TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE			1.1 TITL	E		Ĭ.				Change	Addition
NAME	MICHAELS, J. PATRICK JR.		1.2 NAME								l
STREET ADDRESS	ANA E MENNENY BUMP OFF COOR			1.3 STREET ADDRESS							}
CITY-ST-ZIP	TAMPA FL 33602		1.4 CIT	/-ST	Γ-ZIP	1			,		
TITLE		☐ DELETE 2.1		_			•			Change	☐ Addition
NAME			2.2 NAA	2.2 NAME .							[
STREET ADDRESS	•		2.3 STR	2.3 STREET ADDRESS]					j
CITY-ST-ZIP			2. 4 CIT	Y-S	T-ZIP	ļ					
TITLE		☐ DELETE	3.1 TITL		1	<u> </u>			<u> </u>	☐ Change	Addition
NAME			3.2 NAA	Æ							
STREET ADDRESS			3.3 STR		ADDRESS	ļ					
CITY-ST-ZIP			3.4. CiTY-		T-ZIP	}					
TITLE		☐ DELETE	4.1 TITL	E						☐ Change	Addition
NAME			4. 2 NAME								İ
STREET ADDRESS			4.3 STREET ADORESS								
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP					•	•	
TITLE				ITITLE						Change	Addition
NAME	5.2		5.2 NAN	2 NAME							1
STREET ADDRESS	,		5.3 STR	EET	ADORESS						
CITY-ST-ZIP			5.4 CIT	Y-\$1	r-zip						
TITLE		☐ DELETE	6.1 TITL	E						Change	☐ Addition
NAME		•	6.2 NAA	Æ							
STREET ADDRESS			6.3 STR	EET	ADDRESS						Ì

14. I 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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE: _

April 27, 1999 813-226-8844

Date Dayline Phone #

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90093 025 ***150.00

CR2E034 (11/98)