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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Myrtham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 02 1998 8:00am Secretary of State

DOCUMENT # P97000057424 (8) CEC GROUP INC. Principal Place of Business Mailing Address **5900 DEAN RD.** 5900 DEAN RD. ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1420 GAY Suite, Apt. #. etc. Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TASMAN, DEAN 5900 DEAN RD. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32817 83 В4 City 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 bolis, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stonature, typed or pended name of mar terest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 7/11/2 Dean Tasman 5400 Dein Pd. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition 21 TITLE Change TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TILLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STHEET ADDRESS 4 4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 THE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this thing 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 eath, 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 attachnoof with an oldress.

4/2/00