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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000025919

1. Corporation Name CED TROPICAL ISLE, INC.

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751

Mailing Address 1551 SANDSPUR ROAD MAITLAND FL 32751

2. Principal Place of Business

21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24

2a. Mailing Address

26 P.O. Box 4961 Suite, Apt. #, etc 27 City & State ORLANDO, FLORIDA 28 Zip 32802 29 USA 30

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUIT 1100 ORLANDO FL 32801

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 board approval

NOTE: Registered Agent's name and address must be typed.

Date

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-St-Zip. Includes Jay P. Brock.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-St-Zip. Includes Jay P. Brock and Louis P. Shassian.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 Jay P. Brock, Vice President

4/22/99 407/741-8500

FILED

99 APR 27 AM 10:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 03/19/1998
4. FEI Number [X] 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 delinquent year intangible personal property tax [] Yes [X] No
10. Name and Address of New Registered Agent

0075211

CR2E034 (1/1/98)