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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29804** (9)
1. Corporation Name
CEA CAPITAL CORP.



Principal Place of Business Mailing Address
101 E KENNEDY BLVD
SUITE 3300
TAMPA FL 33602

3. Date Incorporated or Qualified **02/01/1991** 3a. Date of Last Report **04/16/1996**
4. FEI Number **59-3047269** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
BURNS, DAVID A
101 E. KENNEDY STE 3300
STE 3300
TAMPA FL 33602
10. Name and Address of New Registered Agent
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, J PATRICK JR	1.2 NAME	MICHAELS JR., J. PATRICK
STREET ADDRESS	101 E KENNEDY BLVD #3300	1.3 STREET ADDRESS	101 E. KENNEDY BLVD. #3300
CITY- ST- ZIP	TAMPA FL 33602	1.4 CITY- ST- ZIP	TAMPA, FL 33602
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DAVID A	2.2 NAME	BURNS, DAVID A.
STREET ADDRESS	101 E. KENNEDY STE 3300	2.3 STREET ADDRESS	101 E. KENNEDY BLVD. #3300
CITY- ST- ZIP	TAMPA FL 33602	2.4 CITY- ST- ZIP	TAMPA, FL 33602
TITLE	VA <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, BRAD	3.2 NAME	GORDON, BRAD
STREET ADDRESS	101 E. KENNEDY STE 3300	3.3 STREET ADDRESS	101 E. KENNEDY BLVD., #3300
CITY- ST- ZIP	TAMPA FL 33602	3.4 CITY- ST- ZIP	TAMPA, FL 33602
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	POLLOCK JR., GEORGE
STREET ADDRESS		4.3 STREET ADDRESS	101 E. KENNEDY BLVD., #3300
CITY- ST- ZIP		4.4 CITY- ST- ZIP	TAMPA, FL 33602
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 on an attachment with an address.

SIGNATURE: *[Signature]* April 16, 97 813-226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)