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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V33785** 1. Corporation Name

CED ONE CORD

Principal Place of Business	Mailing Address
231-A DOUGLAS ROAD EAST	231-A DOUGLAS ROAD EAST
SUITE 1	SUITE 1
OLDSMAR FL 34677	OLDSMAR FL 34677

## **FILED** Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90035 042 \*\*\*300.00

GEN ON	E CONI :									
Principal Place	e of Business	Mailing Address							81811 1881	
231-A DOUGLAS	S ROAD EAST	231-A DOUGLAS ROAD	EAST							
SUITE 1 SUITE 1					DO MOT MOITE IN THIS	CDACE				
OLDSMAR FL 34677 OLDSMAR FL 34677					DO NOT WRITE IN THIS	SPACE				
						3. Date Incorporated or Qualifed			1	
						05/05/1992				
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number			ed For	
21		26				59-3124706			pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	7.		
22		27						<u>·</u>		
City & State City & State					6. Election Campaign Financing		0 <b>0</b> Ma			
23 28					Trust Fund Contribution		ed to F	ees		
Zip				Country		8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	∐ Yes		140	
	9. Name and Address of Cur	rrent Registered Agent		104	l Nama	10. Name and Address of New Registered	Agent			
505	EADO CENE			81	Name					
	FARO, GENE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	A DOUGLAS ROAD E									
SUIT	_			83						
OLD	SMAR FL 34677			84	City		85 2	Zip Cod	ie	
					'		.	<u> </u>		
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Sta	itutes, the a	above	e-named corp	oration submits this statement for the purpose of	changing	its regis	gistered tered	
office or r	registered agent, or both, in the St im familiar with, and accept the ob	tate of Florida. Such change wa oligations of, Section 607,0505.	is autnorize Florida Sta	o by tutes	тпе согрогано	n's board of directors. I hereby accept the appoin	munent a	3 10910		
	in variable with and decept the	,								
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (N	OTE: Registere	d Agen	nt signature required					
12.	OFFICERS	S AND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PVST	☐ DELETE	1.1 T	ITLE			Char	nge	Addition	
NAME	ROEFARO, GENE R		1.2 N	AME						
STREET ADDRESS	20 WOOD GLEN CT		135	STREET	T ADDRESS				}	
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 0	CITY-S	T-ZIP					
TITLE		☐ DELETE							Addition	
NAME			2.1 T	TITLE			☐ Char	nge		
STREET ADDRESS	ł			TITLE NAME			☐ Char	nge		
CITY-ST-ZIP			2,2 N	NAME	T ADDRESS		☐ Char	nge		
TITLE		□ beceit	2,2 N 2,3 S	NAME STREET	T ADDRESS ST-ZIP		☐ Char	nge		
į.		DELETE	2,2 N 2,3 S 2,4 G	NAME STREET CITY-S			☐ Char			
			2.2 N 2.3 S 2.4 G 3.1 T	NAME STREET CATY-S TITLE						
NAME			2.2 M 2.3 S 2.4 G 3.1 T 3.2 M	NAME STREET CITY-S TITLE NAME	ST-ZIP				Addition	
STREET ADDRESS			2,2 N 2,3 S 2,4 G 3,1 T 3,2 N 3,3 S	NAME STREET CITY-S IIILE NAME STREET	ST-ZIP T ADDRESS	•			Addition	
STREET ADDRESS		☐ DELETE	22 N 2.3 S 2.44 3.1 T 3.2 N 3.3 S 3.4.0	NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP T ADDRESS	•		nge	Addition	
STREET ADDRESS			22 N 23 S 2.46 3.1 T 32 N 33 S 34.6 4.1 T	NAME STREET CITY-S IIILE NAME STREET CITY-S IIILE	ST-ZIP T ADDRESS	•	Char	nge		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 N 23 S 2.46 3.1 T 32 N 3.3 S 3.4.0 4.1 T 4.2 I	NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME	T ADDRESS ST-ZIP	•	Char	nge		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 N 23 S 2.44 3.1 T 3.2 N 3.3 S 3.4.4 4.1 T 4.2 I 4.3 S	NAME STREET CITY-S TITLE CITY-S TITLE NAME NAME STREET	T ADDRESS T ADDRESS	•	Char	nge		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22N 23S 2.46 3.1T 32N 3.3S 34.6 4.1T 4.21 4.3S 4.40	NAME STREET CITY-S TITLE CITY-S TITLE NAME STREET NAME STREET	T ADDRESS T ADDRESS	•	☐ Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22N 23S 2.40 3.1T 32N 3.3S 34.0 4.1T 4.21 4.3S 4.40 5.11	VAME STREET CITY-S TITLE NAME STREET CITY-S TITLE CITY-S TITLE TITLE	T ADDRESS T ADDRESS	•	Char	nge		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22N 23S 2.40 3.1T 32N 3.3S 34.0 4.1T 4.21 4.3S 4.40 5.11 5.2N	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	•	☐ Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22N 23S 2.40 3.1T 32N 3.3S 34.0 4.1T 4.21 4.3S 4.40 5.1T 5.2N 5.3S	NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME STREET TITLE NAME STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22N 23S 2.40 3.1T 32N 3.3S 34.0 4.1T 4.21 4.3S 4.40 5.11 5.2N 5.3S 5.40	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S CITY-S CITY-S CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 N 23 S 2.44 3.1 T 32 N 33 S 34.0 4.1 T 4.22 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	NAME CITY-S TITLE NAME CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 N 23 S 2.44 3.1 T 32 N 33 S 34.4 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	NAME CITY-S TITLE NAME CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME NAME NAME	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		Char	nge	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22 N 23 S 2.44 3.1 T 32 N 33 S 34.1 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	NAME CITY-S TITLE NAME CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME NAME NAME	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS	•	Char	nge	Addition	

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 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. CITY-ST-ZIP

SIGNATURE:

BEHE ROFFARI PRES

854-434d