

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **224720** (3)

1. Corporation Name
CELPAM CORPORATION

FILED
95 AUG -3 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
**4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216
US** **4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/11/1959	3a. Date of Last Report 08/17/1994
4. FEI Number 59-6075951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 21	26 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 22	27 27
City & State	City & State
23 23	28 28
Zip	Zip
24 24	29 29
Country	Country
25 25	30 30

9. Name and Address of Current Registered Agent
**PADGETT, DONALD A
4500 SALISBURY RD
STE 160
JACKSONVILLE FL 32216**

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 (same as registered agent and title if applicable)

8931E, Registered Agent Signature Required when Resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOGER, IRA M
STREET ADDRESS	4500 SALISBURY RD, STE 160
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HAMPTON, CELESTE
STREET ADDRESS	4500 SALISBURY RD, STE 160
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	KOGER, NANCY T
STREET ADDRESS	4500 SALISBURY RD, STE 160
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	PADGETT, DONALD A
STREET ADDRESS	4500 SALISBURY RD, STE 160
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/95 **921-296-3366**
(Date) (Telephone #)