

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 28 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012715 (7)**

1. Corporation Name
CELEDINAS MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address
4259 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 **4259 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1993** 3a. Date of Last Report **04/26/1994**

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

4. FEI Number **65-0408888** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CELEDINAS, RAY S
4259 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

10. Name and Address of Now Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 _____ DATE _____
(Signature typed or printed name of registered agent and the incorporator) (Signature typed or printed name of registered agent required when constituting)

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **CELEDINAS, RAY S**
STREET ADDRESS **3 ALSTON RD.**
CITY, ST, ZIP **PALM BEACH GARDENS FL 33418**
TITLE **D**
NAME **CELEDINAS, KIM R**
STREET ADDRESS **3 ALSTON RD.**
CITY, ST, ZIP **PALM BEACH GARDENS FL 33418**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
NAME **D RAY S. CELEDINAS**
STREET ADDRESS **18869 S.E. WINDWARD ISLAND LANE**
CITY, ST, ZIP **JUPITER, FL 33469**
2. TITLE Change Addition
NAME **D KIM R. CELEDINAS**
STREET ADDRESS **18869 S.E. WINDWARD ISLAND LANE**
CITY, ST, ZIP **JUPITER, FL 33469**

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)(b), Florida Statutes. I further certify that the information indicated on this annual report is a true and accurate report as required by Chapter 607, Florida Statutes, 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 registered agent or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, and that my address will be an address _____

SIGNATURE: _____
DATE: _____
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAY S. CELEDINAS

4/13/95 (407)622-2550