_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 # P930	00063697			01-29-199		
ALBERT D. CELIO, P.A.						
Principal Place of Business 976 BREVARD AVE SUITE A ROCKLEDGE FL	DO NO					
NOONLEGGE 12				3. Date Incorporated or C 09/07/1993		
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 59-3200548		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		,	5. Certifcate of Status De		
City & State	City & State			Election Campaign Fin Trust Fund Contribution		
Zip Country	Zip 29	Countr 30	y	This corporation owes Personal Property Tax.		
9. Name and Address of Co	urrent Registered Agent			10. Name and Address o		
CELIO, ALBERT D	and the first of the second	81	Name	•		
976 BREVARD AVE				eet Address (P.O. Box Number is Not		
SUITE A ROCKLEDGE FL		83		War in the		
to the second of second of the	×	84	1,			
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the Sagent. I am familiar with, and accept the company of the company	State of Florida, Such change w	as authorized by	the corporation	pration submits this statement in's board of directors. I hereb		
SIGNATURE						
Signature, typed or printed name of registers	S AND DIRECTORS	NOTE: Registered Age	ent signature required	ADDITIONS/CHANGES		
12. OFFICER	3 AND DIRECTORS	13.		ADDITIONS/CHANGES		

FILED Jan 29, 1999 8:00am **Secretary of State**

9 90047 044 ***150.00



976 BREVARD	AVE	P.O. BOX 939 COCOA FL 32923-0939								
SUITE A COCOA FL 32923-0939 ROCKLEDGE FL					DO NOT WRITE IN THIS	SPACE				
HOOKELDGE 1	-				3. Date incorporated or Qualifed	70.7.02				
	•				09/07/1993		÷• • •			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For			
21		26			59-3200548	No.	t Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		•	_	\$8.75	Additional			
22 27				5. Certificate of Status Desired	Fee Re	quired				
City & State City & State					6. Election Campaign Financing	\$5.00	May Be			
23 28					Trust Fund Contribution	Added t				
Zip	Country Zip Co				8. This corporation owes the current year Ir	tangible				
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	and the second second second second	State Market	81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	IO, ALBERT D		82							
976	BREVARD AVE		82	-Street Ad	ddress (P.O. Box Number is Not Acceptable)					
SUN	TE A	•	83							
ROC	KLEDGE FL		<u></u>		<u>。 </u>		1/1/48/35			
			84	City	Fi	85 Zip C	code			
44 Durguant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	a-named co	proporation submits this statement for the numosa of	f changing its	registered			
office or r	egistered agent, or both, in the State o	Florida, Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept the appo	intment as rec	gistered			
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes				Ī			
SIGNATURE		- 1 191 - 19 - 19 - 19 - 19 - 19 - 19 -		:t	uired when reinstating). DATE					
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12			
TITLE	DPST	DELETE	1.1 TITLE		S 50 50 27	☐ Change	☐ Addition			
NAME	CELIO, ALBERT D		1.2 NAME		1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	976 BREVARD AVE., SUITE A		1.3 STREET	**************************************						
STREET ADDRESS	ROCKLEDGE FL 32955						.			
CiTY-ST-ZiP	NOCKLEDGE PE 32333	☐ DELETE	1.4 CITY-S' 2.1 TITLE	I-ZIP		☐ Change	Addition			
TITLE						∐ change				
NAME			2.2 NAME				1			
STREET ADDRESS			2.3 STREET		•		.			
CITY-ST-ZIP		. □ nevere	2. 4 CITY-S	T-ZIP	·		Addition			
TITLE		DELETE	3.1 TITLE			☐ Change	L] Addition			
NAME	The state of the s		3.2 NAME			•				
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TITLE)	,	☐ DELETE	4,1 TITLE	Ì		Change	Addition			
NAME	· ·		4. 2 NAME		•					
STREET ADDRESS		,	4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	r- ZIP						
TITLE		☐ DELETE	5.1 TITLE	Τ		☐ Change	☐ Addition			
NAME .			5.2 NAME							
STREET ADDRESS	i v Tillionia. Programma		5.3 STREET	ADDRESS			}			
CITY-ST-ZIP	The North Control of the Control of		5.4 CITY- S	r-ZIP	· · · · · · · · · · · · · · · · · · ·	· .				
TITLE	- Specification () Exec.	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition			
NAME	(1) 19 19 19 19 19 19 19 19 19 19 19 19 19		6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S	r-ZIP	•					

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.

SIGNATURE: