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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000031193 (2)**

1. Corporation Name

CELLYNNE U.S.A., INC.

Principal Place of Business	Mailing Address
1775 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821	1775 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821

3. Date Incorporated or Qualified: 04/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2124 Angie Avenue
Suite, Apt. #, etc.
22: Bldg 7 section 3
City & State
23: Green Bay WI
Zip 24: 54302 Country 25: US

2a. Mailing Address
26: P.O. Box 491191
Suite, Apt. #, etc.
27:
City & State
28: Key Biscayne FL.
Zip 29: 33149 Country 30: US

4. FEI Number: 59-3314092 ☐ 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**

J. BENNETT GROCOCK, P.A.
126 E JEFFERSON ST
SUITE 200
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name only)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MINGUEZ, PATRICE		1.2 NAME	
STREET ADDRESS	1775 CENTRAL FLORIDA PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEGRE, MARK		2.2 NAME	
STREET ADDRESS	1775 CENTRAL FLORIDA PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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] Marc H. Allegre 3/21/96 (305) 599-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)