FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR -7 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **278923** **(8)**

1. Corporation Name

MAISON LE CEL INC

Principal Place of Business	Mailing Address
176 EGLIN PARKWAY NE FT WALTON BEACH FL 32548	176 EGLIN PARKWAY NE FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1964** ✓
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1051754** ✓ ☐ 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

LONG-LILLIE, CELESTE
212 HOLMES BLVD
FT WALTON BCH FL 32548

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LONG-LILLIE, CELESTE	12 NAME		
STREET ADDRESS	212 HOLMES BLVD	13 STREET ADDRESS		
CITY ST ZIP	FT. WALTON BCH FL	14 CITY ST ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	LILLIE, CHARLES	22 NAME		
STREET ADDRESS	212 HOLMES BV	23 STREET ADDRESS		
CITY ST ZIP	FT. WALTON BCH FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SCHATTNER, ELIZABETH	32 NAME		
STREET ADDRESS	924 HOLBROOK CIRCLE	33 STREET ADDRESS		
CITY ST ZIP	FT. WALTON BCH FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LENA	42 NAME		
STREET ADDRESS	332 SUDDUTH CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	FT. WALTON BCH FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CYNTHIA R.	52 NAME		(Post office change)
STREET ADDRESS	1648 CASSINGHAM CIR.	53 STREET ADDRESS		
CITY ST ZIP	[redacted] OCOEE, FL	54 CITY ST ZIP	OCOEE, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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.

SIGNATURE: _____ (904) 243-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (904) 244-1377 Daytime Phone #

0300447 CP