

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90018 018 \*\*\*150.00

DOCUMENT # 278923

1. Corporation Name  
MAISON LE CEL INC

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

Mailing Address  
176 EGLIN PARKWAY NE  
FT WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1964

4. FEI Number

59-1051754

Applied For

Not Applicable

5. Certificate of Status Desired

☒ 0

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒ 0

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LONG-LILLIE, CELESTE  
STREET ADDRESS 212 HOLMES BLVD  
CITY-ST-ZIP FT. WALTON BCH FL

☐ DELETE

+245

TITLE TD  
NAME LILLIE, CHARLES  
STREET ADDRESS 212 HOLMES BV  
CITY-ST-ZIP FT. WALTON BCH FL

☐ DELETE

TITLE SD  
NAME SCHATTNER, ELIZABETH  
STREET ADDRESS 924 HOLBROOK CIRCLE  
CITY-ST-ZIP FT. WALTON BCH FL

☐ DELETE

TITLE VD  
NAME TAYLOR, LENA  
STREET ADDRESS 332 SUDDUTH CIRCLE  
CITY-ST-ZIP FT. WALTON BCH FL

☐ DELETE

TITLE D  
NAME JOHNSON, CYNTHIA R.  
STREET ADDRESS 1648 CASSINGHAM CIR.  
CITY-ST-ZIP OCOEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 32548

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 32548

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 32547

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 32548

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 34761

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)