

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90120 019 ***150.00

DOCUMENT # F97000005346 2

1. Corporation Name

CELTIC INTERNATIONAL INC

Principal Place of Business

Mailing Address

141 NW 20TH ST
BOCA RATON, FL 33431

PO BOX 1469
BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10-10-97

2. Principal Place of Business

21 CELTIC INTNL INC.

2a. Mailing Address

26 CELTIC INTNL INC

4. FEI Number

65-0788672

Applied For

Not Applicable

Suite, Apt. #, etc.

22 141 NW 20TH ST

Suite, Apt. #, etc.

27 PO BOX 1469

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33431 25 FL

Zip

29 33429 30 FL

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON ALAN R
SIMON & SIMON CHARTERED ATTORNEYS
2255 GLADES RD STE 226-ATRIUM
BOCA RATON FL 33431

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 ☐ DELETE
NAME CROSHAW, PHILIP
STREET ADDRESS: THE AVENUE SARK CHANNEL ISLANDS
CITY-ST-ZIP UNITED KINGDOM GY905B

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME GRASSICK JAMES
STREET ADDRESS: THE AVENUE SARK CHANNEL ISLANDS
CITY-ST-ZIP UNITED KINGDOM GY905B

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME JORDANS (ISLE OF MAN) LIMITED
STREET ADDRESS: 3RD FLOOR CELTIC HOUSE VICTORIA ST
CITY-ST-ZIP DOUGLAS ISLE OF MAN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

philip CROSHAW 2-8-99

Date

Daytime Phone #

561 306 1426

CR2E034 (11/98)