

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H08155 (4)
1. Corporation Name
CELESTE CORPORATION

Principal Place of Business
3755 AMRUTH DRIVE
MOBILE AL 36608
US

Mailing Address
3755 AMRUTH DRIVE
MOBILE AL 36608-1701
US



2. Principal Place of Business 21 6071 Highland Circle S Suite, Apt. #, etc. 22 Mobile, AL City & State Zip 36608 Country		2a. Mailing Address 26 PO Box 81258 Suite, Apt. #, etc. 27 Mobile AL City & State Zip 36689 Country		3. Date Incorporated or Qualified 06/12/1984	3a. Date of Last Report 03/22/1996
				4. FEI Number 59-2439171	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TARKOE, CLINTON M. 4840 NE 28TH AVENUE FT. LAUDERDALE FL 33308		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, W. S.	1.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	1.3 STREET ADDRESS	
CITY- ST- ZIP	MARY ESTHER FL	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, CLIFFORD, III	2.2 NAME	
STREET ADDRESS	3755 AMRUTH DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, J. C. JR.	3.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	3.3 STREET ADDRESS	
CITY- ST- ZIP	MARY ESTHER FL	3.4 CITY- ST- ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEW, LYNNE F.	4.2 NAME	
STREET ADDRESS	333 MIRACLE STRIP PKWY	4.3 STREET ADDRESS	
CITY- ST- ZIP	MARY ESTHER FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 registered agent 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 in an addition with an address.

SIGNATURE:  3/21 (334)344-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)