

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H47497 (3)

1. Corporation Name

CELCORE, INC.



Principal Place of Business

7850 FREEWAY CIRCLE
STE 100
MIDDLEBURG HEIGHTS OH 44130
US

Mailing Address

7850 FREEWAY CIRCLE
STE 100
MIDDLEBURG OH 44130
US

3. Date Incorporated or Qualified

03/18/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2505805

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

2. Principal Place of Business

21 7850 FREEWAY CIRCLE

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 MIDDLEBURG HTS OHIO

Zip

44130

Country

2a. Mailing Address

26 7850 FREEWAY CIRCLE

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 MIDDLEBURG HTS OHIO

Zip

Country

24

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9. Name and Address of Current Registered Agent

MACKENZIE, DOMINIC C
HOLLAND & KNIGHT
50 N. LAURA ST., SUITE 3900
JACKSONVILLE FL 32202

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME MACDONALD, WILLIAM
STREET ADDRESS RT 6 480-F GARREN CREEK ROAD
CITY-ST-ZIP FAIRVIEW NC 38740

TITLE DV ☐ DELETE

NAME ANDERSON, VICKY
STREET ADDRESS 34795 TIMBERVIEW
CITY-ST-ZIP AVON OH

TITLE DP ☐ DELETE

NAME MCNICHOLS, THOMAS F.
STREET ADDRESS 28001 OSBORN ROAD
CITY-ST-ZIP BAY VILLAGE OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)