

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:27

DOCUMENT # **K40965** (1)

1. Corporation Name  
**CELLYNNE CORP.**

Principal Place of Business Mailing Address  
**1775 CENTRAL FLORIDA PKWY ORLANDO FL 32621 US** **1775 CENTRAL FLORIDA PKWY ORLANDO FL 32621 US**

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |  |                         |
|--------------------------------|--|------------------------|--|--|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report |
| 21                             |  | 26                     |  | 10/25/1988   | 06/07/1994              |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number  | Applied For             |
| 23 City & State                |  | 28 City & State        |  | 65-0090957   | Not Applicable          |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                         |
| 25 Country                     |  | 30 Country             |  | 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                        |  |  |  | 10. Name and Address of New Registered Agent          |                          |    |             |
| BIDNGER, MARK<br>PENTHOUSE 200A<br>6262 SUNSET DRIVE<br>MIAMI FL 33143 |  |  |  | B1 Name   | J. BENNETT GROLOCK, P.A. |    |             |
|  |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) | 126 E. JEFFERSON ST.     |    |             |
|  |  |  |  | B3  |                          |    |             |
|  |  |  |  | B4 City   | ORLANDO                  | FL | B5 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 607.005, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/6/95  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1.1 TITLE   | MINGUEZ, PATRICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINGUEZ, PATRICE     | 1.2 NAME  | 9503 PORTBURY DRIVE   |
| STREET ADDRESS             | 798 CRANDON BLVD #48 | 1.3 STREET ADDRESS                                    | ORLANDO, FL 32836   |
| CITY-ST-ZIP                | KEY BISCAYNE FL      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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, as appropriate, or on an attachment with an address.

SIGNATURE: *[Signature]* PATRICE MINGUEZ 2/13/95 (407)8564332  
(PRINT NAME AND TYPE ON PRINTED NAME OF DRIVING OFFICER OR DIRECTOR)