

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K52789 (0)
1. Corporation Name
CHUCK CELL, INC.



Principal Place of Business Mailing Address
5 VIA AURELIA 5 VIA AURELIA
PALM BCH GDNS FL 33418 PALM BCH GDNS FL 33418
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 767 SANCTUARY COVE DR 26 767 SANCTUARY COVE DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 NORTH PALM BEACH, FL 28 NORTH PALM BEACH, FL
Zip Country Zip Country
24 33410 25 33410 29 33410 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/10/1988 05/01/1996
4. FEI Number Applied For
65-0099726 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CELL, CHARLES
5 VIA AURELIA
PALM BEACH GARDENS FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
767 SANCTUARY COVE DR.
83
84 City NORTH PALM BEACH FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0507 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]* DATE 7/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELL, CHARLES	1.2 NAME	
STREET ADDRESS	5 AURELIA	1.3 STREET ADDRESS	767 SANCTUARY COVE DR.
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33410
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	100002268961--5
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/15/97--01116--011
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	***165.00 <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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

CR2E034 (4/97)

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CHUCK CELL
767 SANCTUARY COVE DR.
NORTH PALM BEACH, FL 33410
(561) 694-2103

DEAR SIR,
ENCLOSED IS A COPY
OF THE CHECK I SENT YOU
ON JAN. 31ST. FOR 165.^{xx}/₁₀₀
APPARENTLY YOU DID NOT
GET IT.

ENCLOSED PLEASE FIND A
NEW CHECK FOR THAT
AMOUNT.

YOURS TRULY
Chuck Cell