

**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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FILED

97 AUG 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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



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

Principal Place of Business: 5 VIA AURELIA, PALM BCH GDNS FL 33418, US
Mailing Address: 5 VIA AURELIA, PALM BCH GDNS FL 33418, 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	
21 767 SANCTUARY COVE DR		26 767 SANCTUARY COVE DR		12/10/1988		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 NORTH PALM BEACH, FL		28 NORTH PALM BEACH, FL		65-0099726		Not Applicable	
24 Zip 33410		25 Country		29 Zip 33410		30 Country	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable) 767 SANCTUARY COVE DR.			
				B3			
				B4 City NORTH PALM BEACH		B5 Zip Code FL 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

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