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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90045 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K71854**

1. Corporation Name
CELEBRATION CENTER, INC.



Principal Place of Business Mailing Address
 C/O DEBRA HENDERSON C/O DEBRA HENDERSON
~~6802 W. HILLSBOURGH AVENUE~~ ~~6802 W. HILLSBOURGH AVENUE~~
 TAMPA FL 33604 **5831 MEMORIAL HIGHWAY** TAMPA FL ~~33604~~ **5831 MEMORIAL HIGHWAY**
 US TAMPA, FL 33615 US TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/10/1989	65-0132791	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
City & State	City & State	\$5.00 May Be Added to Fees		
23	28	8. This corporation owes the current year Intangible Personal Property Tax.		
Zip	Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENDERSON, DEBRA B 819 WEST ST TAMPA FL 33620 33602	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: *Debra B Henderson* **DEBRA B HENDERSON, PRES** 4-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DEBRA B.	1.2 NAME	
STREET ADDRESS	819 WEST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL, 33602	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, DIANE M.	2.2 NAME	
STREET ADDRESS	11300 HOLLYGLEN DR 3920 DORAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL, 33634	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, BRENDA L.	3.2 NAME	
STREET ADDRESS	19908 PINETREE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL, 33556	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERINGER, PEGGY	4.2 NAME	
STREET ADDRESS	11322 HOLLYGLEN DR 3920 DORAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL, 33634	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 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, with all other like empowered.

SIGNATURE: *Debra B Henderson* **DEBRA B. HENDERSON** 4-7-99 813 -
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)