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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05212

1. Corporation Name

CELEBRATION HOMES INC.

CLEEDIN	ATION HOMES, INC.						
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Principal Place		Mailing Address					
5420 N OCEAN DRIVE		5420 N OCEAN DRIVE					
#1901 Singer Island FL 33404		#1901 SINGER (SLAND FL 33404		DO NOT WRITE IN T	HIS SPACE		
US		US		3. Date Incorporated or Qualifed]	
					07/28/1989		
9 Daineinel C	loss of Pusings	2a, Mailing Address			4. FEI Number	I An	plied For
2. Principal Place of Business				65-0149023	F-1	t Applicable	
21	# -1-	Suite, Apt. #, etc.			- 03.0143020	\$8.75 A	
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Re	
22		City 9 Chate					
City & State		City & State		6. Election Campaign Financing	\$5.00 Added t		
23		28	Country		Trust Fund Contribution		o rees
Zip	Country	Zip	Country		8. This corporation owes the current year	¹intangible ☐ Yes	MNO
24]	25	_ 	30]		Personal Property Tax.		PANO
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registe	ed Agent	
005	CO BIOLIADO I		81	Name			
	CO, RICHARD J		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
5420	N OCEAN DRIVE		"-	Oli CC. A	adjobb (1.0. Box Hambor to Het Hoodpaster)		
#190	01 .		83				
SING	GER ISLAND FL 33404					·	
			84	City		-L 85 Zip (Code
				<u> </u>			ragistared
office or r	registered agent, or both, in the State (of Florida. Such change was aut	s, the above	e-named c	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	pointment as re	gistered
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agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	the corpor			ļ
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	i.			
agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	i.	quired when reinstating) DATE	<u> </u>	
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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 of prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Bloc

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

10 MED AME OF SIGNING OFFICER OR DIRECTOR

561-691-18 28 Daylime Phone #