


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42752 (8)					
1. Corporation Name CELEBRATE AMERICA, INC.					
Principal Place of Business POST OFFICE BOX 20525 TALLAHASSEE FL 32316-0525			Mailing Address POST OFFICE BOX 20525 TALLAHASSEE FL 32316-0525		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/14/1996	
22 City & State		27 City & State		4. FEI Number 59-3065563	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 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 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		
PENSON, ALBERT C. 701 E TENNESSEE ST. TALLAHASSEE FL 32308			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	M	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HOLDER, WILLIAM S.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1555 DELANEY DR. APT 1816		1.1 TITLE		
CITY-ST-ZIP	TALLAHASSEE FL		1.2 NAME		
			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		
NAME	LAMB, GLEEN		2.2 NAME		
STREET ADDRESS	1873 DARRYL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	RICHARD, STEVE		3.2 NAME		
STREET ADDRESS	2044 OWENBY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	EGGERS, RICK		4.2 NAME		
STREET ADDRESS	2208 EASTGATE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	JACKSON, PAULA		5.2 NAME		
STREET ADDRESS	1110 BRAFFORTON DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **RICK EGGERS**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 414-4096
Date Daytime Phone # 0008703

CR2E037 (9/96)