


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42752</b>					
1. Corporation Name <b>CELEBRATE AMERICA, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 20525 TALLAHASSEE FL 32316-0525</b>			Mailing Address <b>POST OFFICE BOX 20525 TALLAHASSEE FL 32316-0525</b>		

FILED  
99 JAN 29 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/29/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3065563	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PENSON, ALBERT C. 701 E TENNESSEE ST. TALLAHASSEE FL 32308</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	M	HOLDER, WILLIAM S.		1.1 TITLE			
NAME	1555 DELANEY DR. APT 412			1.2 NAME	2035 WHITE ASH WAY		
STREET ADDRESS	TALLAHASSEE FL			1.3 STREET ADDRESS	TALLAHASSEE, FL 32308		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	RENNE HEROLD-MARTINELLO		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4121 HENIARD DR.			2.2 NAME	200002766292-1		
STREET ADDRESS	TALLAHASSEE FL			2.3 STREET ADDRESS	-02/05/99--01096--001		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	T D	EGGERS, RICK		3.1 TITLE	Director		
NAME	2208 EASTGATE WAY			3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	TALLAHASSEE FL			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	JACKSON, PAULA		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1110 BRAFFORDTON DR.			4.2 NAME	2035 WHITE ASH WAY		
STREET ADDRESS	TALLAHASSEE FL 32311			4.3 STREET ADDRESS	TALLAHASSEE, FL 32308		
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 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, with all other like empowered.

SIGNATURE:

*William S. Holder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

487-2073  
Daytime Phone #

CR2E037 (11/98)