## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004998 (9)

**FILED** Feb 16 1998 8:00am Secretary of State

LIFE IS A CELEBRATION II, INCORPORATED  Principal Place of Business Mailing Address												
i Principal Plac	A OL DOSHIGSS	Maiing Address										
9209 SEMINOL	E BLVD		9209 SEMINOLE BLVD			3. Date Incorporated or Qualified	***					
#54 SEMINOLE FL	34649	#54 SEMINOLE FL 34642			10/19/1995							
US			US				4. FEI Number		Ap	plied For		
								59-3356024		No	Applicable	
2. Principal P	lace of Business		2a. Mailing Address 26				5. Certificate of Status Desired		\$8.75 / Fee Re			
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution		\$5.00 r Added to			
City & Stat	6	· · · · · · · · · · · · · · · · · · ·	City & State				7. Is this nonprofit corporation a homeowners association?  Yes					
Zip 24 337		Country	Zip			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Regis	stered A	jent		
					81	Nam	16					
MALONEY, JOHN L 3663 CENTRAL AVENUE					82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)				
ST. PET			83									
						City		· · · · · · · · · · · · · · · · · · ·	FL	'	Code	
office or agent. I a		or Sections 617,0502 or both, in the State on accept the obligation of registered agent						oration submits this statement for the pur on's board of directors. I hereby accept to divide the reinstating.	the appoi	ntment as	registered	
12.				I 13.				ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	D			DELETE	1.1 TITLE					Change	Addition	
NAME	MIAZGA, JOEY				1.2 NAME							
STREET ADDRESS	1			1.3 STREET A			s					
CITY-ST-ZIP	SEMINOLE F	iL .		1.4 CITY-ST-ZIP				3377	12_			
TITLE	D			DELETE	2.1 TITLE					Change	Addition	
NAME	MALONEY, JOHN L 22											
STREET ADDRESS					2.3 STREET	addres	s					
CITY-ST-ZIP					2.4 CITY-S	T-21P						
TITLE	D			DELETE	3.1 TITLE				1	Change	Addition	
NAME	tarulli, lin				3.2 NAME							
STREET ADDRESS				3.3 STREET	3 STREET ADDRESS							
CITY-ST-ZIP					3.4. CITY - S	1-21P		33772				
TITLE				DELETE	4.1 TITLE				Ľ	Change	Addition	
NAME					4. 2 NAME						i	
STREET ADDRESS					4.3 STREET	ADORES	s					
CITY-ST-ZIP					4.4 CITY-S	r-ZIP			<del></del>		4 1 7 7 7	
TITLE			L	DELETE	5.1 TITLE				L	Change	Addition	
NAME					5.2 NAME						İ	
STREET ADDRESS	•				5.3 STREET		s					
CITY-ST-ZIP					5.4 CITY-ST	I-ZIP	ł					

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

Addition