FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 037 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N95000004998

1. Corporation Name

LIFE IS A CELEBRATION II, INCORPORATED						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Pla	Mailing Address				+				
9209 SEMINOLE BLVD 9209 SEMINOLE BLVD						I INDICATE AND INITE AND	iai ki eiaia ia ika kr		
#54 Seminole fl US	. 33772	#54 Seminole fl 33772 US							
2. Principal	Place of Business	2a. Mailing Address				Date Incorporated or Qualifed			
21		26				10/19/1995			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				4. FEI Number	Applied For		
22		27				59-3356024	Not Applicable		
City & Sta	ate	City & State				5. Certificate of Status Desired	sired S8.75 Additional Fee Required		
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\$5.00	•	
24	25	29	30	·		Trust Fund Contribution	Added t		
	9. Name and Address of Curren					10. Name and Address of New Registered			
				81	Name				
MALONEY, JOHN L				82 Street Address (P.O. Box Number is Not Acceptable)					
3663 CENTRAL AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33713				83					
				84 City			85 Zip (Code	
11 Durayani	to the province of Continue 547 0500) 1047 4500 Ft. (1) Of 1			 -	<u> </u>			
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a lions of, Section 617.0503, Flo	es, tne at uthorized rida Statu	oove- I by ti utes.	-named corpo he corporation	ration submits this statement for the purpose on submits the statement for the purpose on submits the	f changing its intment as req	registered gistered	
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered .	Agent	signature required		ID DIDECTO		
TITLE	D OFFICERS AND	DELETE	1.1 TIT	1 E	1	ADDITIONS/CHANGES TO OFFICERS A			
NAME	MIAZGA, JOEY		1.2 NA				☐ Change	☐ Addition	
STREET ADDRESS	9209 SEMINOLE BLVD #54			1.3 STREET ADDRESS					
CITY-ST-ZIP	SEMINOLE FL 33772		1	1					
TITLE	D	☐ DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME	MALONEY, JOHN L	O DECETE					Change	☐ Addition	
STREET ADDRESS	3663 CENTRAL AVENUE		2.2 NA				-		
	ST. PETERSBURG FL 33713		1		ADDRESS				
CITY-ST-ZIP TITLE	D	☐ DELETE	2. 4 CF		-ZIP		Channe	T Addition	
NAME	TARULLI, LINDA		3.1 1111 3.2 NA				☐ Change	☐ Addition	
STREET ADDRESS	9696 121ST STREET NORTH				IDODEGO.				
CITY-ST-ZIP	SEMINOLE FL 33772				ADORESS !			i	
TITLE	SEMINOLE PL 33/12	☐ DELETE	3.4. CIT 4.1 TITL		-ZIP		☐ Change	☐ Addition	
NAME			4. 2 NA				C cuanda	☐ Addition	
STREET ADDRESS					ADDRESS !				
CITY-ST-ZIP			4.4 C/T		i				
TITLE		☐ DELETE	5.1 TITL		OF		Change	☐ Addition	
NAME		<u> </u>	5.2 NAA						
STREET ADDRESS			5.3 STR	REETA	DDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition	
VAME			6.2 NAM	Æ.					
STREET ADDRESS			63 910	EET A	DDDESS				

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:

SIGMITHE REQUIRED

727-373-6237