FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30051

(7)

FILED May 13 1998 8:00am Secretary of State

CELEB	RITY ENTERTAINMENT, IN	C.			# 1880/(\$2) 188 23/11 85/11 86/16 6/20)	18: 4: 1 :: 8::)))	di del ini d o n
Principal Plac	e of Business	Mailing Address					YN BABA BABA BA	
214 BRAZILIAN AVENUE. SUITE 400 214 BRAZILIAN AVENUE. SUI PALM BEACH FL 33480 PALM BEACH FL 33480				1	\			
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		SPACE	
					07/05/1990			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
1		26		11-2880337	Not Applicat			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
City & Stat	<u> </u>	City & State						<u> </u>
3		28		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country		Zip Country		8. This corporation owes or has p				
4 25		29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R		l Agent	
CT	CORPORATION SYSTEM		[4	Name				
• •	00 S. PINE ISLAND ROAD		h	Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
PLANTATION FL 33324								
			}*	33				
			l,	City			65 Zip	Code
 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 				<u> </u>		<u> </u>	_	
SIGNATURE		ID DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFE	DATE CERS AN		
TITLE	P			ŧ			Change	Addition
NAME	MCNAMARA, JAMES J		1 2 NAN					
STREET ADDRESS	214 BRAZILIAN AVE., #400		1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL 33480			-ST-ZIP			Change	Addition
TITLE	EVP DELETE		2.1 TrTL				Unange	L. AQUILIO
NAME OFFICE A PORTOR	METZGER, J. WILLIAM		2.2 NAM	- 1				
STREET ADDRESS	214 BRAZILIAN AVE., #400 PALM BEACH FL 33480			EET ADDRESS				
CITY-ST-ZIP TITLE	FAUN DENOTIFE 33400	DELETE	2. 4 CH	Y-ST-ZIP			Change	Addition
NAME			32 NAM	·)				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL				Change	Additio
NAME			4. 2 NA	AE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE	DELETE		5.1 TETL	· ·			Change	Addition
NAME			5.2 NAM	ie				
STREET ADDRESS			53 STRI	ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP				
TITLE		DELETE	6.1 TITL	[Change	Addition
NAME			6.2 NAV	ı,				
STREET ADDRESS			63 STR	ET ADDRESS				

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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address