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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

DOCUMENT #

	CELENSKI GENERAL C									
Principal Plac	ce of Business	Mailing Address								
5230 WHISPER DR CORAL SPRINGS FL 33067 US 5230 WHISPER DR CORAL SPRINGS FL 33 US US) 67		DO NOT WR		SPACE		1
						ite Incorporated or Qualifie	o .			
A Principal (Place of Business	2a. Mailing Addres				07/16/1993 Number			plied For	-
2. Principal Place of Business		<u> </u>	26. Maliang Address					<u> </u>	ot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0423954		\$8.75		1
22			27			ertificate of Status Desired	LJ	Fee Re		{
City & Sta	te	City & State			6 Fle	ection Campaign Financing		\$5.00	May Be	1
23		28			I	ust Fund Contribution		Added		
Zip	Country	Zip	Co	untry	8. Th	is corporation owes or has	paid the cu	rrent year Int	angible	1
24	25	29	30		I	rsonal Property Tax due Ju] No	}
	9. Name and Address of Cu	urrent Registered Agent			10. Na	me and Address of New	Registered	Agent]
1	CELENSKI, STANLEY S			81 Name						
5230 WHISPER DR				82 Street Address (P.O. Box Number is Not Acceptable)						1
	CORAL SPRINGS FL 33067			July Olicer	Addition (1.0).	Box (variber to real reade)				}
•				83				· · · · · · · · · · · · · · · · · · ·		
								loc l Zin i	Code	┨
				84 City			FL	85 Zip (code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida	Statutes, the a	sbove-named	corporation su	ubmits this statement for th	e purpose d	of changing it	s registered	1
office or agent. I a	registered agent, or both, in the sam familiar with, and accept the c	State of Florida. Such change obligations of. Section 607.05	was authorize 05, Florida Sta	ed by the corp atutes.	ooration's boar	rd of directors. I hereby ac	cept the ap	pointment as	registerea	ļ
ŭ										(
SIGNATURE	Signature, typed or printed name of registeri	red agent and title if applicable.	(NOTE: Register	ed Agent signature	required when rein	stating)	DATE			[
12.	OFFICERS	S AND DIRECTORS	13.			DITIONS/CHANGES TO OF				CR2E034 (10/97
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NAME	,		1.21	1.2 NAME		-		2		18
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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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: