

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

FILED

Feb 05 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000053332 (1)

1. Corporation Name  
CELLARBRATION MARKETING, INC.



|  |  |
|--|--|
| Principal Place of Business<br>12247 CAPTAINS LANDING<br>NORTH PALM BEACH FL 33408 | Mailing Address<br>12247 CAPTAINS LANDING<br>NORTH PALM BEACH FL 33408 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/29/1993

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0426811 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 414 LAKE SHORE DR<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 LAKE PARK FL<br>Zip<br>24 33403<br>Country<br>25 PLM Bch | 2a. Mailing Address<br>26 414 LAKE SHORE DR<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 LAKE PARK FL<br>Zip<br>29 33403<br>Country<br>30 PLM Bch |
|--|---|

9. Name and Address of Current Registered Agent  
KNOX, JAMES R  
12247 CAPTAINS LANDING  
NORTH PALM BEACH FL 33408

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 414 LAKE SHORE DR<br>84 City<br>85 LAKE PARK FL<br>86 Zip Code<br>87 33403 |
|---|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE  |
| NAME                       | KNOX, JAMES R                       |
| STREET ADDRESS             | 12247 CAPTAINS LANDING              |
| CITY-ST-ZIP                | NORTH PALM BEACH FL 33408           |
| TITLE                      | DST <input type="checkbox"/> DELETE |
| NAME                       | KNOX, LINDA S                       |
| STREET ADDRESS             | 12247 CAPTAINS LANDING              |
| CITY-ST-ZIP                | NORTH PALM BEACH FL 33408           |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    | 414 LAKE SHORE DR  |
| 1.4 CITY-ST-ZIP                                       | LAKE PARK, FL 33403  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-98

Date

Daytime Phone # 0310061

CR2E034 (10/97)