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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT#	P93000053332
DOCUMENT #	TႸむいいいいいこうこ

1. Corporation Name

CELLARBRATION MARKETING, INC.

		•				
Principal Place	e of Business	Mailing Address				
414 LAKE SHOP		414 LAKE SHORE DR				
LAKE PARK FL	33403	LAKE PARK FL 33403			DO MOT MEDITE IN T	110 OP 1 OF
US		U\$			DO NOT WRITE IN TH	IIS SPACE.
•					Date Incorporated or Qualified 07/29/1993	
9 Principal Pl	lace of Business	2a. Mailing Address			4, FE (Number	
21	iace of pasitiess	26			65-0426811	Applied For Not Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc			00 0420011	\$8.75 Add tional
22		27			5. Certificate of Status Desired []	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible
24	25	[29]	30		Personal Properly Tax.	[]Yes []No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
KNO	V IAMES D		81	Name		
	X, JAMES R LAKE SHORE DR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	E PARK FL 33403					
DAVE	E PARIN I E 30403		83			
			84	City		. 85 Zip Code
			, ,	,		L
office or re	to the provisions of Sections 607,056 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au	thorized by	the corporatio	oration submits this statement for the purpose in's board of directors. Thereby accept the app	of changing its registered pointment as registered
	Signature, typed or printed name of registered ag-		Rejster I Age:	t signat on require		
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP HAMES D	[] DELETE	11 TOLE			[Change [Add-tron
NAME	KNOX, JAMES R 414 LAKE SHORE DR		1.2 NAME		675000276	9295
STREET ADDRESS	LAKE PARK FL 33403		13 STREE	1	-02/09/99-	-01046018
CITY-ST-ZIP TITLE	DST	EN DELETE	14 CiTY - S 2 1 TiTLE	717	****150.0	[] ****150.00 [] Addition
NAME	KNOX, LINDA S	CA DECETE	2 2 NAME			Ellouange ElliAndron
STREET ADDRESS	12247 CAPTAINS LANDING		23 STREET	LUNGER S		
	NORTH PALM BEACH FL 334	ng .		İ		
City-St-ZiP Title	HOMEL AND DESCRIPTION OF THE SOME	DELETE	2.4 City-S 31 Title	1-ZIP		[Change [Addition
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STREET ADDRESS			3.2 NAM:	Antwess		
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NAME			4 2 NAME			.,,
STREET ADDRESS			43 STREET	ADDRESS		
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STREET ADDRESS			53STREF	ADDRESS		
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STREET ADDRESS			63 STREET	ADORESS		シル
CITY-ST-ZIP			64 CITY-S	F-Z#1		•

14. Thereby 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, with all other like empowered.

SIGNATURE:

NATTUE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Juny 18, 1999

Daybash Phones #

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