FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:34

DOCUMENT # **P94000070407 (9)**

1. Corporation Name
CELPRO, INC.

Principal Place of Business	Mailing Address
705 SE 26TH AVE FT LAUDERDALE FL 33301-2709	705 SE 26TH AVE FT LAUDERDALE FL 33301-2709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21 7301 N.W. 4TH ST	26 7301 NW 4TH ST	65-0519773
22 Suite, Apt. #, etc. #101	27 Suite, Apt. #, etc. #101	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State PLANTATION FL	28 City & State PLANTATION FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip 33317 / 25 Country BROWARD	29 Zip 33317 / 30 Country BROWARD	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISHER, ROMAN 705 SE 26TH AVE FT LAUDERDALE FL 33301-2709	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL / 85 Zip Code

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent, and Title if Applicable (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	FISHER, ROMAN	12 NAME		
STREET ADDRESS	705 SE 26TH AVE	13 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33301-2709	14 CITY ST ZIP		
TITLE		21 TITLE	D/V/T	☐ Change ☒ Addition
NAME		22 NAME	CATLETTE, TODD	
STREET ADDRESS		23 STREET ADDRESS	7011 NW 114 TERR.	
CITY ST ZIP		24 CITY ST ZIP	SUNRISE, FL 33323	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: V. ALES 3/24/95 (305) 317-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
TOD CATLETTE