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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000076079 (0)

1. Corporation Name
CELESTIAL NIGHTS, INC.



Principal Place of Business
637 CUXHAVEN ST NW
PALM BAY FL 32907

Mailing Address
637 CUXHAVEN ST NW
PALM BAY FL 32907-8298

3. Date Incorporated or Qualified 10/17/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 3704 CARROLLWOOD PL CIR Suite, Apt. #, etc. APT 301 City & State TAMPA, FLORIDA Zip 33624	2a. Mailing Address 25 3704 CARROLLWOOD PL CIR Suite, Apt. #, etc. APT 301 City & State TAMPA, FLORIDA Zip 33624	4. FEI Number 59-3290264 Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANCILIA, JOHN R
518 N HARBOR CITY BLVD
MELBOURNE FL 32907
1686 W. Hibiscus BLVD
MELBOURNE, FL 32901

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRKSY, DAVID	1.2 NAME	
STREET ADDRESS	637 CUXHAVEN ST NW	1.3 STREET ADDRESS	3704 CARROLLWOOD PL CIR APT 301
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33624
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LISA REESER
STREET ADDRESS		2.3 STREET ADDRESS	3704 CARROLLWOOD PL CIR APT 301
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97
Date

Daytime Phone # 0101438

CR2E034 (9/96)