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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000015241

CELESTIAL CLUB, INC.

Principal	Place	of	Business
-----------	-------	----	----------

2. Principal Place of Business

Mailing Address

46 NORTH ORANGE AVE. ORLANDO FL 32801

46 NORTH ORANGE AVE. ORLANDO FL 32801

2a. Mailing Address

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90035 048 ***150.00

3. Date Incorporated or Qualifed

02/23/1995

59-3296253

4. FEI Number



	•
DO NOT WRITE IN THIS SPACE	

Applied For

Not Applicable

#, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status De	sired	\$8.75 A Fee Red		
City & State City & State				1	- 1	\$5.00 t Added to	,
		Countr	·				
			,	-		☐ Yes	□No
· · · · · · · · · · · · · · · · · · ·		<u> </u>				red Agent	· 1.
		81	Name			•	,
PORATION SERVICE COMPANY					A		<u>, ; </u>
HAYS ST.	•	82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
		83	3	1 1 1 2 1 1 1		TO 150 \$ 25 Sec. 1	- 1. Fe 116
		L			1,2 (15)	<u>建设设计算机 (</u>	16 16 15
		84	City			FL 85 Zip C	ode '
o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abov	/e-named corpo	oration submits this statement	for the purpos	e of changing its	registered
acietored agent or both in the State (nt Fiorida. Such change was al	utnonzea bi	v ine corboratio	on's board of directors. I hereb	y accept the ap	ppointment as reg	Jisterea
n lamiliar with; and accept the obligat	ions or, occitor our lood, i tol	ida Otatale.	.				
Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	: Registered Agr	ent signature required	d when reinstating),	DATI		
		13.		ADDITIONS/CHANGES	TO OFFICERS	S AND DIRECTO	RS IN 12
P	☐ DELETE	1.1 TITLE		ा. ,ोक इं.		☐ Change	☐ Addition
NEJAMÉ MARK E		1.2 NAME					
		1.3 STREE	ET ADDRESS				
		1					
	☐ DELETE	2.1 TITLE				☐ Change	Addition
•							
				,	•	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	. ' '
	a Maria Car						
	☐ DELETE	3.1 TITLE				Charige	Addition
· · · · · · · · · · · · · · · · · · ·		3.2 NAME					
				•		The state of the father	ኢ1•ጀት 5 <u>8</u> 55
							F (1 - 4 18)
OILLANDO I E 32001	☐ DELETE	4.1 TITLE		10.5	1,1-61	☐ Change	Addition
	<u></u>						
er Berger	**					•	
	•		l	•			
	□ DELETE	_				☐ Change	Addition
* - * * * * * * * * * * * * * * * * * *			- 1			_ ,	
•		1					* *
7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1						☐ Change	☐ Addition
Special resignation of		6.2 NAME					
		U.Z IWANIC					
The state of the s		e a a	CT ADDDESO				
and the second		6.3 STRE	ET ADDRESS				
	Country 25 9. Name and Address of Current PORATION SERVICE COMPANY HAYS ST. AHASSEE FL 32301 of the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with; and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	Country City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent CORATION SERVICE COMPANY HAYS ST. AHASSEE FL 32301 Country Country Company Company	City & State 28 City & State 28 Country Zip Country 25 30 9. Name and Address of Current Registered Agent CORATION SERVICE COMPANY HAYS ST. AHASSEE FL 32301 83 84 85 86 86 87 87 88 88 89 89 89 89 89 89	Country Zip Country Zip Country Zip Signature speed agent or frequency signature requires Coration Service Company AHASSEE FL 32301 Enter provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of Sections of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of Sections of Sections of Sections 607.0505, Florida Statutes, the above-named corporation of Sections of Sections of Sections 607.0505, Florida Statutes, the above-named corporation from the statute of Sections of Sect	City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation was intrust Fund Contribution Personal Property Tax. 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Name and Address of Current Registered Agent Structures, the above-named corporation submits this statement platered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heret it familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Teamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. Description of Prices and Directors. P Description of Prices and Directors. Description of Prices and Directors. Therefore the obligations of Prices and this is applicable. (NOTE: Registered Agent signature required when rehastating); OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES P DELETE 1:1*TITLE 1:2*NAME 1:3*STREET ADDRESS 14.*CITY-ST-ZIP WALTEZOS, GEORGE 46 N. ORANGE AVE. ORLANDO FL 32801 DELETE 3:1*TITLE 3:2*NAME 3:3*STREET ADDRESS 4:4*CITY-ST-ZIP DELETE 4:1*TITLE 3:2*NAME 4:3*STREET ADDRESS 4:4*CITY-ST-ZIP DELETE 5:1*TITLE 5:2*NAME 4:3*STREET ADDRESS 4:4*CITY-ST-ZIP DELETE 5:1*TITLE 5:2*NAME 5:2*NAME 5:2*STREET ADDRESS 5:4*CITY-ST-ZIP DELETE 5:1*TITLE 5:2*NAME 5:2*STREET ADDRESS 5:4*CITY-ST-ZIP	City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Signature required when releasing fractacters. I hereby accept the all ramillar with, and accept the projecting days of princed agent or princed agent and accept the projecting days of princed agent and the projecting days of princed agent and the projecting days of princed agent agent and the projecting days of princed agent agent and the projecting days of princed agent agent agent and the projecting days of princed agent agent agent and the projecting days of princed agent	City & State City & Country Zip Country State Country State Country Country State Country Country State City Ci

indicated on this annual report or supplemental annual report is true and accurate and that my signature s 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.