

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000016695 (5)

1. Corporation Name

CECILIO ENTERPRISES, INC.



Principal Place of Business

113 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461-6325

Mailing Address

113 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461-6325

2. Principal Place of Business

21 3811 CHICKASHA ROAD

Suite, Apt. #, etc.

22

City & State

23 LANTANA FL

Zip

24 33462

Country

25 USA

2a. Mailing Address

26 P.O. Box 17936

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FL

Zip

29 33416-7934

Country

30 USA

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

65-0564750

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NEAL, LORRAINE
113 SPRINGDALE CIRCLE
PALM SPRINGS FL 33461-6325

10. Name and Address of New Registered Agent

81 Name

SHARON S. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)

3811 CHICKASHA ROAD

83

84 City

LANTANA

FL

85 Zip Code

33462

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

Sharon S. Martin

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	SHARON MARTIN LORRAINE O'NEAL	
STREET ADDRESS	113 SPRINGDALE CIR	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	LOIRRAINE O'NEAL	
STREET ADDRESS	113 SPRINGDALE CIR	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	LOIRRAINE O'NEAL	
STREET ADDRESS	SAME AS ABOVE	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARON S. MARTIN	
1.3 STREET ADDRESS	3811 CHICKASHA ROAD	
1.4 CITY-ST-ZIP	LANTANA, FL	
2.1 TITLE	VICTOR L. MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT	
2.3 STREET ADDRESS	201A WINGFOOT DR	
2.4 CITY-ST-ZIP	JUPITER, FL 33458	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICTOR L. MARTIN	
3.3 STREET ADDRESS	201A WINGFOOT DR.	
3.4 CITY-ST-ZIP	JUPITER, FL 33458	
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 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)(k), 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:

Sharon S. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

(407) 643-3639

Daytime Phone

CR2E034 (12/95)