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May 15 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 # P95000016695 (5)

1. Corporation Name
CECILIO ENTERPRISES, INC.

Principal Place of Business

3811 CHICKASHA ROAD
LANTANA FL 33462
US

Mailing Address

P.O. BOX 17836
WEST PALM BEACH FL 33416-7936
US



3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 201 WINGFOOT DR

Suite, Apt. #, etc.

22 A

City & State

23 JUPITER, FL

24 33458

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

City & State

28 Zip

29 Country

30

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

MARTIN, SHARON S
3811 CHICKASHA ROAD
LANTANA FL 33462

CHANGE OF ADDRESS:
201 A WINGFOOT DR
JUPITER, FL 33458

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE FP
NAME MARTIN, SHARON S
STREET ADDRESS 3811 CHICKASHA ROAD
CITY-ST-ZIP LANTANA FL

TITLE VP
NAME MARTIN, VICTOR L
STREET ADDRESS 201 A WING FOOT DR
CITY-ST-ZIP JUPITER FL 33458

TITLE T
NAME MARTIN, VICTOR L
STREET ADDRESS 201 A WINGFOOT DR.
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)