

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

DOCUMENT # P95000018003 (0)

1. Corporation Name

CELESTE EATERY CORPORATION

Principal Place of Business

119 W SUNRISE BLVD  
FT LAUDERDALE FL 33311

Mailing Address

119 W SUNRISE BLVD  
FT LAUDERDALE FL 33311



3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. *FT Lauderdale*

26. *119 W SUNRISE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. *FT Lauderdale*

23. *FL*

28. *FL 33311*

Zip

Country

Zip

Country

24. *33311*

25. *BRWD*

29. *33311*

30. *BRWD*

4. FEI Number

*65-0562214*

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

10. Name and Address of New Registered Agent

CARMAN, DEBORAH A  
165 E PALMETTO PARK RD  
BOCA RATON FL 33432

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DV  
NAME: EUGENE, ELINER  
STREET ADDRESS: 119 W SUNRISE BLVD  
CITY-ST-ZIP: FT LAUDERDALE FL 33311

☒ DELETE

TITLE: DP  
NAME: DUCTAN, FEDELAT  
STREET ADDRESS: 119 W SUNRISE BLVD  
CITY-ST-ZIP: FT LAUDERDALE FL 33311

☐ DELETE

TITLE: DST  
NAME: LOUIS-JEUNE, DIEUDONNE  
STREET ADDRESS: 119 W SUNRISE BLVD  
CITY-ST-ZIP: FT LAUDERDALE FL 33311

☐ DELETE

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
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STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

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

☐ Change

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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

*Dieudonne Louis-Jeune*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-96

Daytime Phone #

CR2E034 (12/95)