

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 # P95000049803 (6)

1. Corporation Name

THE CELESTINE PLACE CO.

Principal Place of Business

3854 BAY SHORE ROAD
SARASOTA FL 34234

Mailing Address

3854 BAY SHORE ROAD
SARASOTA FL 34234

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 3121 N. TAMiami Tr.

Suite, Apt. #, etc.

2a. Mailing Address

26 3121 N. TAMiami Tr.

Suite, Apt. #, etc.

4. FET Number

65-0600143

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

City & State

23 SARASOTA, FL

City & State

28 SARASOTA

Zip

24 34234

Country

25 USA

Zip

29 FL

Country

30 USA

9. Name and Address of Current Registered Agent

D'ALLAIRD, W E
3854 BAY SHORE ROAD
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name JANET CASSERLEY KAY

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

3121 N. TAMiami Tr.

83

84 City

SARASOTA

FL

85 Zip Code

34234

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 official acceptable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME KAY, JANET C
STREET ADDRESS 540 NO. SPOONBILL DRIVE
CITY-STATE-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE SD
NAME D'ALLAIRD, WILLIAM E
STREET ADDRESS 3854 BAY SHORE ROAD
CITY-STATE-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D, S ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

900001732769

03/05/96--01086--000

***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)