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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000058990 (9)

CELCOR ENTERPRISES INC.

Principal Place of Business Mailing Address 59 NE 11 WAY 59 NE 11 WAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 65-0599245 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PURCELL, ROBERT 59 NE 11 WAY Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE NAME PURCELL. ROBERT R 1.2 NAME 59 Little Harbor Way 59 NE 11TH WAY STREET ADDRESS 1.3 STREET ADDRESS Deerfield Beach, Fl 33441-3606 **DEERFIELD BEACH FL 33441** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE ☐ Addition 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. DITY - ST - ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change DELETE 5.1 TITLE Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY - ST - 7IP

14. Thereby 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 and 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 feeding by Chapter 67, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIF

FILED

Jan 28 1998 8:00am

Secretary of State