## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

O'MALLEY, JOHN E

NAPLES FL 33963

1503-I VANDERBILT GULFSIDE,

10851 GULF SHORE DR.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000060993 (9)

CELTIC, INC.

Principal Place of Business Mailing Address 502 N. ELMORE 502 N. ELMORE PARK RIDGE IL 60088 PARK RIDGE IL 60068 2. Principal Place of Business 2a. Mailing Address 21

Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent

**FILED** Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1995 4. FEI Number Applied For 36-4035565 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

84 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.

81 Name

83

**SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE ☐ Change Addition TITLE OMALLEY, JOHN E NAME 1.2 NAME **502 N ELMORE** STREET ADDRESS 1.3 STREET ADDRESS PARK RIDGE IL CITY-ST-ZIP 1.4 CITY-ST-ZIP **VPD** DELETE Change TITLE 2.1 TITLE Addition DONNELL, DAVE **10332 S LAMON** STREET ADDRESS 2.3 STREET ADDRESS OAK LAWN IL CITY-ST-ZIP 2.4 CITY-ST-ZIP  $\overline{\mathsf{VPD}}$ DELETE Change Addition TITLE 3.1 TITLE MURPHY, WILLIAM J 3.2 NAME 117 W WASHINGTON BLVD STREET ADDRESS 3.3 STREET ADDRESS LOMBARD IL 3.4. CITY-ST-ZIP CITY-ST-ZIP VPD DELETE TITLE 4.1 TITLE ☐ Change Addition ISAACS, ROBERT NAME 4. 2 NAME 9620 S RUTHERFORD STREET ADDRESS 4.3 STREET ADDRESS OAK LAWN IL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE HUAGHEY, JAMES NAME 5.2 NAME **6807 N CALDWELL** STREET ADDRESS **5.3 STREET ADDRESS** CHICAGO IL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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.

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