

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90106 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055183

1. Corporation Name
CEEBRAID WINTER PARK CORPORATION

Principal Place of Business 250 AUSTRALIAN AVENUE SUITE 1003 W PALM BEACH FL 33401	Mailing Address 250 AUSTRALIAN AVENUE SUITE 1003 W PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1996	
4. FEI Number 65-0679398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SCHLESINGER, RICHARD 250 AUSTRALIAN AVENUE SUITE 1003 W PALM BEACH FL 33401	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, JASON	1.2 NAME	
STREET ADDRESS	83 MORGAN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06905	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, LESLIE	2.2 NAME	
STREET ADDRESS	801 SOUTH COUNTY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, RICHARD	3.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE., #1003	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDAN, LAURIE	4.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR. 310 E	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UVA, RICHARD	5.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE., #1003	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOHER, JOSEPH JR.	6.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE., #1003	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	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, with all other like empowered.

SIGNATURE: Jason Schlesinger, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)