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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000044211

1. Corporation Name

AAA CELE CTODACE INC

FILED
Feb 24, 1999 8:00 am
Secretary of State
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02-24-1999 90197 016 \*\*\*150.00

441 360	r Stonage, Inc.						
Principal Place	of Business	Mailing Address					_
4139 BURNS RE	)	4139.BURNS.RD					- <del></del>
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/15/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	plied For
21 26					65-0755235	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired	<b>\$8.75</b> A	,
27					5. Certificate of Status Desired	Fee Rec	quired
City & State	City & State	& State		6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible ,	<b>~</b>
24	25	29	30		Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name	4 GEORGE T. IV		
KELLY, GEORGE T N				Street Addre	ess (P.O. Box Number is Not Acceptable)		
4139 BURNS RD			82	4139	BURNS ROAD		
PALI	A BEACH GARDENS FL 33410		83				
						85 Zip C	
ĺ			84	PALW	A BEACH GARDENS F	L 33	Ode U10
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: F	Registered Ager	nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1,1 TITLE			Change	Addition [
   NAME	KELLY, GEORGE T IV		1,2 NAME				ļ
STREET ADDRESS	A400 DI IDNIC DO			TADDRESS			
			1,4 CITY-S	T- ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MISSELHORN, J C		2.2 NAME		•		{
	130 QUAYSIDE DR.		2.3 STREET	T ADDRESS			
STREET ADDRESS	JUPITER FL 33477		2.4 CITY-S	ľ		_	
CITY-ST-ZIP	0	☐ DELETE	3,1 TITLE			☐ Change	☐ Addition
[	HOVSEPIAN, GREG	_	3,2 NAME		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
NAME	2120 S. OCEAN BLVD. #802			TADORESS			
STREET ADDRESS	POMPANO BEACH FL 33062		3.4. CITY- 5				
CITY-ST-ZIP	TOTAL ALTO BEACHT E GOODE	□ DELETE	4.1 TITLE	71-21		☐ Change	☐ Addition
		<b>_</b>	4, 2 NAME				
NAME				T ADDRESS			i
STREET ADDRESS		11 1		I I	المحافظة المستوادين والمستان والمستان	-	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	11-24		☐ Change	Addition
TITLE		C 0000.0	5.2 NAME				
NAME				T ADDRESS	. •		
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME				
NAME				T ADORESS			
STREET ADDRESS			0.3 3 REE	, ALUKESS (			

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 or an attachment with an oddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CANING OFFICER OR DIRECTOR