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 # **P97000089852**1. Corporation Name

CELESTE KRUEGER & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			7 ''••"		55 55		
4000-27 ST. JOI	INS AVENUE	4000-27 ST. JOHNS AVENUE							
SUITE 91	El cande	SUITE 91				DO NOT WR	ITE IN THIS	SPACE	
JACKSONVILLE	FL 32205	JACKSONVILLE FL 32205	AURSONVILLE PL 32205		3 Date Inco	rporated or Qualifed			
					10/17/1	•	1		
2 Dringing Di	nee of Rucinoss	2a. Mailing Address			4. FEI Numb			Apr	olied For
<u> </u>					I	D ⊲ FØR 59–34	82510	 - · · ·	Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					1-7			\$8.75 A	
22	27				of Status Desired		Fee Red	quired	
City & State City & State					6. Election C	Campaign Financing		\$5.00	May Be
23		28				d Contribution	L.J	Added to	Fees
Zip	Country	Zip	Country		8. This corpo	oration owes the cur	τent year Inta		
24	25	29 30	<u> </u>			Property Tax.			□No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name an	d Address of New	Registered /	Agent	
COLD, KATHLEEN H									
MOSER STATEMENT One Independent Drive				Street Addre	Address (P.O. Box Number is Not Acceptable)				
SUITE 9tk 2301									
JACKSONVILLE FL 38295k 32202									
UNDINOCITIELL IL VELSER 32202			84	City	~			85 Zip C	ode
							FL	ahanaina ita	registered
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 eacht, 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 eacht.								jistered	
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 reagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								aa i	
SIGNATURE	Marti Lo	La					200	VI	
40	Signature, typed or printed name of registered agen		gistered Ager	nt signature required		S/CHANGES TO OF	FEICERS AN	D DIRECTO	RS IN 12
12.		D DIRECTORS	1.1 TITLE		ADDITION	5,6,1,A(CEC 10 C)	1102110711	☐ Change	Addition
TITLE	D) > S DELETE KRUEGER, CELESTE							_ ,	
NAME	4000-27 ST. JOHNS AVENUE, SUITE 91		1.2 NAME						
STREET ADDRESS	JACKSONVILLE FL 32205		1.3 STREET ADDRESS						
CITY-ST-ZIP			2.1 TITLE	1-219				Change	Addition
TITLE	☐ pereie		2.2 NAME					-	
NAME		'	2.3 STREET	TADDDESS					
STREET ADDRESS			2.3 3 INEE						
CITY-ST-ZIP		□ DELETE	3.1 TITLE	SI-ZIP		-		Change	☐ Addition
NAME			3.2 NAME						
			3.3 STREET	T ANDRESS					
STREET ADDRESS			3.4. CITY- 5						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	71-ZII				☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	T ADDRESS					
l l	;		4.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE				*****	Change	Addition
NAME		_	5.2 NAME						
STREET ADDRESS			5.3 STREET	TADORESS					.
CITY-ST-ZIP			5.4 CITY-S	i					
TITE		□ DELETE	6.1 TITLE					☐ Change	☐ Addition

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90034 033 ***150.00