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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01962 (2)
1. Corporation Name
LE CELLIER, INC.



Principal Place of Business Mailing Address
890 STATE ROAD 434, NORTH
ALTAMONTE SPRINGS FL 32714 890 STATE ROAD 434, NORTH
ALTAMONTE SPRINGS FL 32714-7013

2. Principal Place of Business 2a. Mailing Address
21 2909 W SR 434 26 2909 W SR 434
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 121-131 27 Suite 121-131
City & State City & State
23 Longwood FL 28 Longwood, FL
Zip Country Zip Country
24 32779 25 32779 29 32779 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/23/1991 05/01/1996
4. FEI Number Applied For
59-3099286 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S.
890 STATE ROAD 434, NORTH
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2909 W SR 434
83 Suite 121-131
84 City Longwood FL 85 Zip Code 32779

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PD			<input type="checkbox"/>
	GOODMAN, BARRY S.	890 STATE ROAD 434, N.	ALTAMONTE SPGS. FL	
	ST			<input type="checkbox"/>
	GOODMAN, BARRY S.	890 STATE ROAD 434, N.	ALTAMONTE SPGS. FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2909 W SR 434 Suite 121-131	Longwood, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		2909 W SR 434 Suite 121-131	Longwood, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this report 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 attached report with an address.

SIGNATURE X

SIGNATURE

April 9, 1997 (407) 786-4244

CR2E034 (9/96)