

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V18214** (9)
1. Corporation Name
CELLAR DOOR SOUTH EAST, INC.



Principal Place of Business 900 NE 26 AVE FT LAUDERDALE FL 33304 US	Mailing Address 900 NE 26 AVE FT LAUDERDALE FL 33304-3607 US
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3. Date Incorporated or Qualified 03/02/1992	3a. Date of Last Report 03/22/1996
4. FEI Number 65-0313964	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 117 N. McDonough St. Suite, Apt. #, etc. 22 City & State 23 Decatur, GA Zip 24 30030	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent WASSON, A.D. 900 NE 26 AVE FT LAUDERDALE FL 33304	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANKIN, TED	1.2 NAME	WHITLEY, PATRICK
STREET ADDRESS	900 NE 26 AVE	1.3 STREET ADDRESS	900 NE 26 AVE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUD FL 33304
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, WILSON	2.2 NAME	
STREET ADDRESS	900 NE 26 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKS, RICHARD	3.2 NAME	
STREET ADDRESS	900 NE 26 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, A.J.	4.2 NAME	
STREET ADDRESS	900 NE 26 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITSELL, JOHN	5.2 NAME	
STREET ADDRESS	900 NE 26 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE: _____ 4-10-97 954-361-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)