

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **V23873** (5)  
1. Corporation Name  
**CELEBRATIONS OF WEST BOCA, INC.**

Principal Place of Business

**9834 GLADES RD.  
BOCA RATON FL 33434**

Mailing Address

**9834 GLADES RD.  
BOCA RATON FL 33434**

FILED  
Apr 21 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HERRMANN, THOMAS  
20312 HACIENDA COURT  
BOCA RATON FL 33498**

3. Date Incorporated or Qualified

**03/20/1992**

4. FEI Number

**65-0323086**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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 **DT** ☐ DELETE

NAME **BUGLINO, JOHN M.**  
STREET ADDRESS **4301 N OCEAN BLVD 708-A**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DV** ☐ DELETE

NAME **BUGLINO, PHILIP D.**  
STREET ADDRESS **4000 TOWERSIDE DR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE

NAME **HERRMANN, THOMAS**  
STREET ADDRESS **20312 HACIENDA COURT**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DS** ☐ DELETE

NAME **HERRMANN, ALYSSA**  
STREET ADDRESS **20312 HACIENDA COURT**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DP  
HERRMANN, THOMAS  
8558 VIA GIARDINO  
BOCA RATON, FL. 33433**

**DS  
HERRMANN, ALYSSA  
8558 VIA GIARDINO  
BOCA RATON, FL. 33433**

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

CR2E034 (10/97)