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## 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

<ol> <li>Corporation</li> </ol>	MEN 1 # 381499 N & MODEL MAKERS, INC.						
Principal Place	e of Business	Mailing Address				): 0:: 0:01: 0:0	
5475 MAULE W	'AY	5475 MAULE WAY #43					
#43 WEST PALM BEACH FL 33407 US WEST PALM BEACH FL 33407					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					05/04/1971		- 1
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number		Applied For
21 5	1/A/Aboue	26			59-1354196		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				<del></del>	Required
City & State	e	City & State			6. Election Campaign Financing	•	May Be
23		28		unto:	Trust Fund Contribution		d to Fees
Zip —	Country	Zip	r 1	untry	This corporation owes the current year In     Personal Property Tax.	Tangible ☐ Yes	□No
24	9. Name and Address of Curre	29 Agent	30	<del></del>	10, Name and Address of New Registered		
-	5. Name and Address of Cure.	in negistered Agent		81 Name			
SHA	MBLEY, DONALD C JR.						
3912 FLAG DR. Palm Beach Garden Fl 33410				82 Street Addr	ess (P.O. Box Number is Not Acceptable)		i
				83			
				84 City	Fì	_ <b> 85</b>   Zi	p Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, F	Florida Sta	d by the corporation tutes.  d Agent signature requires	on's board of directors. I hereby accept the appoint the special of the special o	————	Tegistered
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 T	ITLE	•	Chang	e Addition
NAME	SHAMBLEY, DONALD C JR.		1.2 N	IAME		-	Ţ
STREET ADDRESS	3912 FLAG DR.		1.3 8	TREET ADORESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410	1.4 0	ITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 T	TILE		Chang	je 🗌 Addition
NAME	SHAMBLEY, VICKI		2.2 N	IAME			
STREET ADDRESS	( : +: -::		2.3 5	TREET ADDRESS	*		1
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY-ST-ZIP		- CT Chang	Addition .
TITLE		☐ DELETE	3.1 T	Į.		Chang	je 🗌 Addition
NAME				IAME.		•	
STREET ADDRESS			3.3 5	TREET ADDRESS			
CITY-ST-ZIP		[ ocusts		CITY-ST-ZIP		Chang	e Addition
TITLE		☐ O£LETE		MLE	•	[_] Chang	Jo D'ADDITION
NAME			1	NAME			j
STREET ADDRESS				TREET ADDRESS			}
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP		Chang	e Addition
TITLE				IAME	:		
NAME				TREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE		TTLE		Chang	ge Addition
				14140		_	

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.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS