

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90017 025 \*\*\*150.00

DOCUMENT # **P98000065313**

1. Corporation Name

**AUTOGRAPHICALLY YOURS, INC.**

Principal Place of Business

**4635 N US ONE  
MELBOURNE FL 32835**

Mailing Address

**4635 N US ONE  
MELBOURNE FL 32835**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1998**

4. FEL Number

**59-3525536**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELLEBRAND, THOMAS  
4635 N US ONE  
MELBOURNE FL 32835**

**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 **D** ☐ DELETE

NAME **HELLEBRAND, THOMAS**

STREET ADDRESS **4635 N US ONE**

CITY-ST-ZIP **MELBOURNE FL 32835**

TITLE **D** ☐ DELETE

NAME **HELLEBRAND, DONNA**

STREET ADDRESS **4635 N US ONE**

CITY-ST-ZIP **MELBOURNE FL 32835**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

**THOMAS HELLEBRAND** 7/15/99 407-253-0632

CR2E034 (5/99)

**AUTOGRAPHICALLY YOURS**

590019-90017-25

P98000065313

4736 N. HARBOR CITY BLVD  
MELBOURNE FLA 32940  
USA

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Phone 253-0632  
Fax 407-253-0632

July 06, 1999

HELLO I JUST GOT OFF THE PHONE WITH ONE OF YOUR EMPLOYEE'S & TOLD HER THAT THE LARGE FLA DEPT OF STATE 2ND NOTICE WAS THE FIRST THAT I RECEIVED. THE ADDRESS WAS CORRECT BUT THE ZIP CODE OF 32935-7203. MUST HAVE CAUSED THE ORIGINAL NOTICE NOT TO BE DELIVERED. THIS IS MY FIRST REPT-TO DO, & AM A VERY SMALL COMPANY, JUST ME & MY WIFE. YOUR EMPLOYEE HAS TOLD ME TO SEND A CHECK FOR \$150.00 RIGHT AWAY, & MAIL IT ASAP. THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING..ON THIS MATTER.  
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"AGAIN PLEASE NOTE, MY FIRST NOTICE WAS NEVER RECIEVED" THANKS

THOMAS HELLEBRAND

