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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558776

| 1. Corporati | OUS MOMENTS, INC. | | · · · — — — — — — — — — — — — — — — — — | | I dsin e hio sinil dinil eknil cidi | : |
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| SUNRISE FL 33351-6304 SUNRISE FL 33351-6304 US US | | | | DO NOT MUDITE IN THE OD A CT | | |
| | | 00 | • | 3. Date Incorporated or Qualife | RITE IN THIS SPACE | |
| | | | | 02/03/1978 | u | , |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number | · | Applied For |
| 21 | • | 26 | | 59-1791553 | <u> </u> | lot Applicable |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | \$8.75 | Additional |
| 22 | <u></u> | 27 | | 5. Certificate of Status Desired | | Required |
| City & Sta | ate , | City & State | | Election Campaign Financing Trust Fund Contribution | . | May Be |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation owes the cu Personal Property Tax. | | □No |
| | . 9. Name and Address of Curre | ent Registered Agent | 1001 | 10. Name and Address of New | | - 140 |
| | 7 | <u> </u> | 81 Name | | · · · | |
| MERLUCCI, ANTHONY 10142 NW 13TH COURT PLANTATION FL 33322 | | | 82 Street Ade | dress (P.O. Box Number is Not Accep | table) | |
| | | | 83 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Visite de de destito de productiones de la productiones. Productiones de la | ************************************** |
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| | | | 84 City | | | Code |
| 11. Pursuant office or | t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligations. | 02 and 607.1508, Florida Statute of Florida, Such change was au | es, the above-named cor uthorized by the corporate | poration submits this statement for the tion's board of directors. I hereby acce | e purpose of changing its ept the appointment as re | s registered eaistered |
| | and accopt the obligh | | | | | - 0 |
| SIGNATURE | | - | • | | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: | Registered Agent signature require | red when reinstating) : -] : -] : -] | DATE | |
| | Signature, typed or printed name of registered age | - | Registered Agent signature requirements. | red when reinstating) (1997) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTO | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS AI | ent and title if applicable. (NOTE: | Registered Agent signature requirements 13. 1.1 TITLE | red when reinstating) : -] : -] : -] | DATE | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered age OFFICERS AI PD MERLUCCI, ANTHONY | ent and title if applicable. (NOTE: | Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME | red when reinstating) (1997) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTO | ORS IN 12 |
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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 of the receiver of 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 in attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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Feb 08, 1999 8:00am

Secretary of State

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