

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F33908**  
 1. Corporation Name  
**Denise Carol Modeling Inc. of Jax.**  
**(Jacksonville)**

Principal Place of Business  
**3236 Beach Blvd.**  
**Jacksonville, FLA.**  
**32207**

Mailing Address  
**3236 Beach Blvd.**  
**Jacksonville, FLA**  
**32207**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 2223 Atlantic Blvd.**

2a. Mailing Address  
**26 1419 Bayhead DR.**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27 APT 234**

City & State  
**23 Jacksonville, FLORIDA**

City & State  
**28 Virginia Beach, VA.**

Zip Country  
**24 32207 USA**

Zip Country  
**29 23456 USA**

30

3. Date Incorporated or Qualified  
**May 13, 1981**

4. FEI Number  
**F3390859-2103563** Applied For Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Denise Carol Borges**  
**4320 TURNER AVE.**  
**Jacksonville, FLA 32207**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PRESIDENT**  
 STREET ADDRESS **Denise Carol Bolton**  
 CITY-ST-ZIP **3236 Beach Blvd. Jax, FLA. 32207**

TITLE  DELETE  
 NAME **SECRETARY-TREASURER**  
 STREET ADDRESS **JOAN R. BOLTON**  
 CITY-ST-ZIP **3236 Beach Blvd. Jax, FLA 32207**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS **Denise Carol Borges**  
 CITY-ST-ZIP **4320 TURNER AVE. JACKSONVILLE, FLA 32207**

2.1 TITLE  Change  Addition

3.1 TITLE  Change  Addition

4.1 TITLE  Change  Addition

5.1 TITLE  Change  Addition

6.1 TITLE  Change  Addition  
**700002533017**  
**-05/22/98--01031--010**  
**\*\*\*150.00**

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: **Denise Carol Borges** **4/29/98** **757-368-9108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/97)