

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90183 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000005496

1. Corporation Name
THE COVER STORY, INC.

Principal Place of Business
15201 ROOSEVELT BLVD
#106
CLEARWATER FL 33760
US

Mailing Address
15201 ROOSEVELT BLVD
#106
CLEARWATER FL 33760
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1994

4. FEI Number
59-3274985

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, RACHEL
3616 CASABLANCA AVE.
ST. PETE BEACH FL 33706

81 Name Rachel Cooper
82 Street Address (P.O. Box Number is Not Acceptable)
83 6860 Gulfport Blvd # 148
84 St. Petersburg FL 33707

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 Rachel Cooper
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-15-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME COOPER, RACHEL
STREET ADDRESS 3616 CASABLANCA AVE.
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

1.1 TITLE Rachel Cooper ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6860 Gulfport Blvd, #148
1.4 CITY-ST-ZIP St. Petersburg FL 33707

TITLE T ☐ DELETE
NAME COOPER, TERRY
STREET ADDRESS 3616 CASABLANCA AVE.
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

2.1 TITLE Terry Cooper ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6860 Gulfport Blvd, #148
2.4 CITY-ST-ZIP St. Petersburg FL 33707

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Rachel Cooper
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-15-99 727-524-3033

0414862

CR2E034 (11/98)