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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55901

(8)

SUSANNE HALEY TALENT AGENCY, INC.

May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
618 WYMORE ROAD SUITE 2		618 WYMORE ROAD SUITE 2				_	
WINTER PARK FL 32789		WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
Delegand D	Plane of Punisana	2a. Mailing Address	·	·	01/05/1989 4. FEI Number		la code
2. Principal Place of Business							Applied For
21 Suite, Apt. #, etc.				59-2910392	<u> </u>	Not Applicable  8.75 Additional	
22]		27		<ol><li>Certificate of Status Desired</li></ol>	1 1 7	Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing		5.00 May Be	
23		28		Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has p	aid the current	vear Intangible
24	25 29 30		30		Personal Properly Tax due June 30. X Yes No		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	legistered Agen	ıt
HA	LEY, SUSANNE		81	Name			
113 WIMBELDON CIRCLE			6	2 Street Add	dress (P.O. Box Number is Not Accepta	able)	
#200 HEATHROW FL 32748			B:	3			
ПЕ	AINNOW FL 32/46						,
			84	4 City		FL  85	Zip Code
agent. La	m familiar with, and accept the oblig				rporation submits this statement for the ation's board of directors. I horeby accounted when reinstating)	DATE.	
12.	OFFICERS AN	IO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
TITLE	P	OELETE 1.1					Change Addition
NAME			12 NAME				
STREET ADDRESS	113 WIMBLEDON CIRCLE		13 STREE	.T ADDRESS			
CITY-ST-ZIP	HEATHROW FL			ST-ZIP			
TITLE	PVTS	DELETE 2.17					Change [ Addition
NAME	HALEY, SUSANNE		2.2 NAME				
STREET ADDRESS	113 WIMBLEDON CIR			1 ADDRESS			
CITY-ST-ZIP	HEATHROW FL	Doreste	2. 4 CITY	- ST - ZIP			01
TITLE		☐ DELĒTĒ	3.1 TITLE	1		∟](	Change [_] Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 THLE	- 51 - 211'			Change Addition
NAME		F J OCCUL	4.1 ITILE 4.2 NAM		TO THE OWNER OF THE SECOND		
STREET ADDRESS				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
CITY-ST-ZIP			4.4 CHY-	- 1	***150,00	J 1010	
TITLE			5.1 THILE		antar I all I all		ChangeAddition
NAME		_	5.2 NAME				745
STREET ADDRESS			5.3 STREE	1 ADORESS			2

5.4 CHY-\$1-ZIE

63 STREET ADDRESS

6.2 NAME

14. Thereby 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 this corporation or the receiver or trusted 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 a supplemental with an address.

DELETE