

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L49905 (7)**

1. Corporation Name  
**A STORY BOOK WEDDING INC.**



Principal Place of Business <b>8986 S W 87TH #12 13700 SW 74TH AVE MIAMI FL 33178 US</b>	Mailing Address <b>P O BOX 402543 13700 SW 74TH AVE MIAMI BEACH FL 33140-0543 US</b>
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3. Date Incorporated or Qualified <b>02/04/1990</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0084956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22	2a. Mailing Address 26 <b>PO Box 402543</b> Suite, Apt #, etc. 27
23 City & State Zip Country	28 City & State Zip Country
<b>MIAMI BEACH, FL</b>	<b>MIAMI BEACH, FL</b>
<b>33140</b>	<b>33140</b>
<b>US</b>	<b>USA</b>

9. Name and Address of Current Registered Agent

**BERNSTEIN, IRWIN  
5825 COLLINS AVE 5 A  
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name <b>LINDA BERNSTEIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5825 COLLINS AVE #5A</b>
83 City <b>MIAMI BEACH</b>
84 State <b>FL</b>
85 Zip Code <b>33140</b>

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: *Linda Bernstein* **PRESIDENT** *LINDA BERNSTEIN* **1/7/98**

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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BERNSTEIN, IRWIN</b>	
STREET ADDRESS <b>5825 COLLINS AVE 5A</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LINDA BERNSTEIN</b>	
1.3 STREET ADDRESS <b>5825 COLLINS AVE #5-A</b>	
1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	
2.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>CINDY SAFRA</b>	
2.3 STREET ADDRESS <b>19390 COLLINS AVE #A-211</b>	
2.4 CITY-ST-ZIP <b>NORTH MIAMI BEACH, FL 33160</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Linda Bernstein* **1/7/98** **(305) 253-4293**

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

CR2E034 (9/96)