03-05-1999 90006 017 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L60122

1. Corporation Name

FIRED FANTASIES, INC.

Principal Place	e of Business	Mailing Address							19 <b>313 0</b> 1111 <b>00</b> 11	)	B     1     1	<u>                                    </u>	I F RIGH OLDII IOOF
C/O BETSY GILCHRIST		C/C	C/O BETSY GILCHRIST				i						
417 NE 4 AVE			417 NE 4 AVE					DO NOT WRITE IN THE SPACE					
FT. LAUDERDALE FL 33301		FT.	FT. LAUDERDALE FL 33301				1	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
								03/20/19		dallicu			}
2 Principal Pi	lace of Business	2a.	Mailing Address					FEI Numbe				T	Applied For
21	iace of business	26	Walling Hadroos				1	65-0169					Not Applicable
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.									\$8.75	Additional
22	•	27	·				5. (	Centicate o	of Status De	sirea		Fee	Required
City & State	te		City & State				6. 1	Election Ca	mpaign Fin	ancing		\$5.0	0 May Be
23		28						Trust Fund	Contribution	n		Adde	d to Fees
Zip	Country		Zip		untry		8. 7	This corpo	ation owes	the cur	rent year In		
24	25	29		30					roperty Tax			IZ Yes	No
	9. Name and Address of Cu	urrent Regist	tered Agent		81	Name		Name and	Address o	f New	Registered	Agent	
MOB	RRISON, JULIE				01	Name							
	NE 1ST STREET #C				82	Street	Address (P.	O. Box Nu	mber is Not	Accept	able)		
	LAUDERDALE FL 33301	A.*			83				~-		<del>_</del> -		<del>  </del>
11.1	ENOBELIDALE I C 00001				03								
					84	City					FI	85 Zi	p Code
		10500 100		too tho s		ļ	Loorporation	submits th	ie etatemen	for the		- i	its registered
	A Maria de la Cardina de COTA								a statement	t tol tite			
office or r	to the provisions of Sections 607 registered agent, or both, in the S	State of Florid	a, Such change was a	authonze	d by i	the corp	oration's boa	ard of direc	tors. I heret	y acce	pt the appo	intment as	registered
office or r	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	State of Florid	a, Such change was a	authonze	d by i	the corp	oration's boa	ard of direc	tors. I hereb	oy acce	pt the appo	intment as	registered
office or r	registered agent, or both, in the S im familiar with, and accept the o	State of Florid obligations of,	a, Such change was a Section 607.0505, Fi	authorize orida Stat	d by t tutes.	the corp	oration's boa	ard of direc	tors. I herel	oy acce	pt the appo	intment as	registered
office or r agent. I a SIGNATURE	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registers	State of Florid obligations of,	a. Such change was a Section 607.0505, Flo	authorize orida Stat	d by tutes.	the corp	required when rea	nstating)	ctors. 1 neret	oy acce	DATE		TORS IN 12
office or r agent. I a	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registers	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Flo	authorize orida Stat E: Registered	d by tutes.	the corp	required when rea	nstating)	ctors. 1 neret	oy acce	DATE		TORS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the S im familiar with, and accept the o Signature, typed or printed name of registers OFFICER:	State of Florid bligations of, and title if	a, Such change was a Section 607.0505, Fluid applicable. (NOTI	authorize orida Stat E: Registered	d by tutes.	the corp	required when rea	nstating)	ctors. 1 neret	oy acce	DATE	ND DIREC	TORS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registers  OFFICER:  DP  MORRISON, JULIE  755 NE 107 07 460	State of Florid bligations of, and title if	a, Such change was a Section 607.0505, Fluid applicable. (NOTI	e: Registered  13. 1.1 TI 1.2 N	d by tutes. d Agent	the corp	required when rea	nstating)	ctors. 1 neret	oy acce	DATE	ND DIREC	TORS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the of Signature, typed or printed name of registers  OFFICER:  DP  MORRISON, JULIE	State of Florid bligations of, and title if	a, Such change was a Section 607.0505, Fluid applicable. (NOTI	E: Registered  13. 1.1 Ti 1.2 N 1.3 S	d by tutes. d Agent	1 signature	required when rea	nstating)	ctors. 1 neret	oy acce	DATE	ND DIREC	TORS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Sam familiar with, and accept the of Signature, typed or printed name of registers  OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C	State of Florid bligations of, and title if	a, Such change was a Section 607.0505, Fluid applicable. (NOTI	E: Registered  13. 1.1 Ti 1.2 N 1.3 S	d Agent ITLE IAME	1 signature	required when re	nstating)	/CHANGES	TO OF	DATE FICERS A	ND DIREC	TORS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sam familiar with, and accept the of Signature, typed or printed name of registers  OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Fluid applicable. (NOTIONS)	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent d Agent ITLE IAME TREET	1 signature	required when re	nstating) DDITIONS	/CHANGES	TO OF	DATE FICERS A	ND DIREC ☐ Chang	TORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Fluid applicable. (NOTIONS)	E: Registered  13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	d Agent ITLE IAME ITREET ITTLE IAME	1 signature	required when rec	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Fluid applicable. (NOTIONS)	E: Registerec  13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	d Agent ITLE IAME ITREET ITTLE IAME	address Address Address	required when rec	nstating) DDITIONS	/CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 Pe Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Fluid applicable. (NOTIONS)	E: Registerec  13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	d Agent d Agent lTLE LAME ITREET ITLE IAME ITREET ITLE IAME	address Address Address	required when rec	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 Pe Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florappicable. (NOTICTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	d by tutes.  d Agent  ITLE  IAME  ITTLE  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME	address Address Address	required when rec	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 Pe Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florappicable. (NOTICTORS	E: Registerect 13. 1.1 T1 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N	d by tutes.  d Agent  ITLE  LAME  ITREET  ITLE  LAME  ITREET  ITLE  ITTLE  ITTLE  IAME  ITTLE  IAME	address Address Address	required when results of the control	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 Pe Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE	E: Registerect  13. 1.1 T1 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S	d by tutes.  d Agent  ITLE  LAME  ITREET  ITLE  LAME  ITREET  ITLE  ITTLE  ITTLE  IAME  ITTLE  IAME	ADDRESS ADDRESS ADDRESS ADDRESS	required when results of the control	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12  e Addition  e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florappicable. (NOTICTORS	E: Registerect  13. 1.1 T1 12 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S 3.4 C 4.1 T	ITLE  LAME	ADDRESS ADDRESS ADDRESS ADDRESS	required when results of the control	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12  e Addition  e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE	E: Registerect  13. 1.1 T1 12 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S 3.4 C 4.1 T	d by tutes.  d Agent  ITLE  IAME  ITLE  ITLE  IAME  ITLE  IAME  ITLE  IAME	ADDRESS ADDRESS ADDRESS ADDRESS	required when results of the control	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12  e Addition  e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE	E: Registerect  13. 1.171 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S 4.4 C 4.1 T 4.2 N	d by tutes.  ITLE LAME ITREET	ADDRESS ADDRESS ADDRESS ADDRESS	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12  e Addition  e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE  DELETE	E: Registered  13. 1.171 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S 4.4 C 4.1 T 4.2 N 4.3 S 4.4 C	d by tutes.  ITLE  ITLE  IAME  ITTLE  ITTLE  IAME  ITTLE  ITTLE  IAME  ITTLE  ITTLE  IAME  ITTLE  ITTLE  IAME  IAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP  MORRISON, JULIE  715 NE 1ST ST, #C  FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE	E: Registered  13. 1.171 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T1 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T1	d by tutes.  d Agent tutes.  d	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE  DELETE	E: Registered  13. 1:TI 12N 13S 14C 2:TI 22N 23S 2.4C 3.1TI 32N 3.3S 3.4.C 4.1T 4.2N 4.3S 4.4C 5.1TI 52N	d by tutes.  d Agent tutes.  d	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE  DELETE	E: Registered  13. 1:TI 12N 1.3S 1.4C 2.1TI 22N 2.3S 2.4C 3.1TI 3.2N 3.3S 4.C 4.1T 4.2N 4.3S 4.4C 5.1TI 5.2N 5.3S	d by tutes.  ITLE  IAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE  DELETE  DELETE	E: Registered  13. 1.171 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	d by tutes.  d Agent title tit	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition  e Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registere OFFICER:  DP MORRISON, JULIE 715 NE 1ST ST, #C FT. LAUDERDALE FL	State of Florid bligations of, and title if	a. Such change was a Section 607.0505, Florance (NOTICTORS)  DELETE  DELETE  DELETE	E: Registered  13. 1:TI 12N 1.3S 1.4C 2.1TI 22N 2.3S 2.4C 3.1TI 3.2N 3.3S 4.C 4.1T 4.2N 4.3S 4.4C 5.1TI 5.2N 5.3S	d by tutes.  ITLE  IAME  ITLE  ITLE  IAME  ITLE  ITLE  ITLE  ITLE  ITLE  ITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	required when repaired when re	nstating) DDITIONS	CHANGES	TO OF	DATE FICERS A	ND DIREC Chang	TORS IN 12 e Addition e Addition  e Addition

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.

6.4 CITY-ST-ZIP

STREET ADDRESS