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 # M65412

STEPANIE GIBBS MODELS & TALENT, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90032 041 ***150.00

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Principal I	Place of Business	Mailing Address								Ш
1365-U S PATRICK DR					j	r smormus iff Olifit Billit 9	tmat tikim ilbi Q	HON BIBLI BIBLI A	ALAN BURN BURN	
SATELLITE	BEACH FL 32937	SATELLITE BEACH FL	22027		1					
		THE DESIGN TE	22337		ł					
	~				-	DO NOT	WRITE IN T	HIS SPACE		
2. Principa	al Place of Business				3.	Date Incorporated or Qua	lifed			
21	ar race of Business	2a. Mailing Address		<u> </u>		01/21/1988 FEI Number				
	pt. #, etc.	26				65-0031035	حسحتم		Applied For	
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #, etc.							Not Applicat	
City & S	itate	27			5.	Certifcate of Status Desire	d 🛮		5 Additional	
23		City & State				Election Co			Required	
Zip	Country	28			0.	Election Campaign Financi Trust Fund Contribution	ing 🔲	\$5.0	00 May Be	
24	25 Z	Zip	Co	untry			_	Adda	ed to Fees	اُــــ
	9. Name and Address of Curre	29	30) . _I	This corporation owes the e Personal Property Tax.	current year			
		nt Registered Agent			10.	Name and Address of Ne	w Posiete-	∐ Yes	No	
W/	ALKER, STEPHANIE GIBBS			81 Name			w registere	d Agent		_{
64	5 Jackson CT			82 Street	A d d = (D) 6		_			ľ
SATELLITE BEACH FL 32937				July Street	Address (P.(D. Box Number is Not Acce	ptable)			\dashv
				83						╛
				84 City						
11. Pursuan	t to the provisions of Section 607 and		ļ	,				. 85 Zip	Code	\dashv
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Statut	es, the at	ove-named	corporation s	Uhmits this statement for the	<u>-</u>	<u> </u>		-
agent. F	am ramiliar with, and accept the obligat	tions of, Section 607.0505, Flo	iutnorized rida Statu	by the corpo	oration's boar	d of directors. I hereby acc	e purpose o	of changing its	s registered	7
SIGNATURE	Signature typed or outstand	<u> </u>							cystered	
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE	: Registered /	gent signature re	equired when reins	tating)				
TITLE	P	DIRECTORS	13.			DITIONS/CHANGES TO O	DATE	ND DIDE		վ ։
NAME	WALKER, STEPHANIE G	☐ DELETE	1.1 Titt	E Ţ			T FICERS AF	□ Change		_
STREET ADDRESS	645 JACKSON CT		1.2 NAM	E				☐ criange	Addition Addition	'] :
CiTY-ST-ZiP	SATELLITE BEACH FL 32937		1.3 STR	EET ADDRESS						13
TITLE	VP			-ST-ZIP						اِ ا
NAME	WALKER, BRUCE	☐ DELETE	2.1 TITLE					Change		غِ إِـ
STREET ADDRESS	645 JACKSON CT		2.2 NAM	≣				☐ Change	☐ Addition	۱ ۲
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TILE			2. 4 CITY	-ST-ZIP						1
IAME		DELETE	3.1 TITLE	Ţ				☐ Change		1
TREET ADDRESS			3.2 NAME					Griange	☐ Addition	
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TLE			3.4. CITY-	ST-ZIP					ļ	
AME		☐ DELETE	4.1 TMLE			_ 		[]Ch	_ 	
REET ADDRESS			4. 2 NAME					Change	Addition	l
TY-ST-ZIP			4.3 STREE	TADDRESS -	• •	•	•		}	
TLE			4.4 C/TY-S	T-ZIP					ļ	
ME		☐ DELETE	5.1 TITLE							
REET ADDRESS			5.2 NAME					☐ Change	☐ Addition	
Y-ST-ZIP			5.3 STREET	ADDRESS					}	•
LE			5.4 CITY-S	T-ZIP						
WE		☐ DELETE	6.1 TITLE				 -			
REET ADDRESS			6.2 NAME	[ı	Change	☐ Addition ∫	
∕-ST-ZIP			6.3 STREET	ADDRESS					}	
	ify that the information supplied with the	ie filian da	6.4 CITY-ST	-ZIP					1	
indicated on	this annual report or supplied with the	is iming does not qualify for the	exemption	of etated in C	3					

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.