

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004674 (6)

1. Corporation Name

MEMORIES, INC.



Principal Place of Business

1942 NORTHEAST 6TH COURT
NO. J-300
FT. LAUDERDALE FL 33304

Mailing Address

1942 NORTHEAST 6TH COURT
NO. J-300
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report N/A.
NEW BUSINESS

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0618696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, DOROTHY A
1942 NORTHEAST 6TH COURT
NO. J-300
FT. LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE DOROTHY A. PHILLIPS, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 3, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	KENNETH S. KALLIN	
STREET ADDRESS	5821 1 ST TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FLA. 33334	
TITLE	SEC/TREASURER:	<input type="checkbox"/> DELETE
NAME	GEORGE W. BOGGS	
STREET ADDRESS	4030 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FLA. 33308	
TITLE	LEE BOGGS	<input type="checkbox"/> DELETE
NAME	4030 GALT OCEAN DR.	
STREET ADDRESS	FT. LAUDERDALE FLA.	
CITY-ST-ZIP	D.	
TITLE	RONALD D. DEMARCO	<input type="checkbox"/> DELETE
NAME	5702 N.W. 42 ND LA.	
STREET ADDRESS	TAMARRAC FLA.	
CITY-ST-ZIP	33321	
TITLE	BABS KENT	<input type="checkbox"/> DELETE
NAME	401 GOLDEN ISLES DR.	
STREET ADDRESS	HALLENDALE FLA.	
CITY-ST-ZIP	D.	
TITLE	VICTOR FLICK	<input type="checkbox"/> DELETE
NAME	3021 OCEAN DR.	
STREET ADDRESS	SANTA MONICA CA.	
CITY-ST-ZIP	90405	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy A. Phillips, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 1996 (954) 462-2428

Date

Daytime Phone #

CR2E037 (12/95)