


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 33304-3854	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent PHILLIPS, DOROTHY A 1942 NORTHEAST 6TH COURT NO. J-300 FT. LAUDERDALE FL 33304		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP 1.25 DELETE 1.26 TITLE 1.27 NAME 1.28 STREET ADDRESS 1.29 CITY-ST-ZIP 1.30 DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP 1.25 DELETE 1.26 TITLE 1.27 NAME 1.28 STREET ADDRESS 1.29 CITY-ST-ZIP 1.30 DELETE			
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOROTHY A. PHILLIPS PRESIDENT 3/17/97 (954) 462-2428 Date Daytime Phone # 0035504			



CR2E037 (9/96)