

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90096 009 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004674

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



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/19/1995

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

65-0618696

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PHILLIPS, DOROTHY A

STREET ADDRESS 1942 N.E. 6TH CT.

CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ST ☐ DELETE

NAME BOGGS, GEORGE W

STREET ADDRESS 4020 GALT OCEAN DR.

CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ DELETE

NAME FLICK, VICTOR

STREET ADDRESS 2021 OCEAN DR.

CITY-ST-ZIP SANTA ROSA CA

TITLE D ☐ DELETE

NAME BOGGS, LEE

STREET ADDRESS 4020 GALT OCEAN DR.

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME DEMARCO, RONALD D

STREET ADDRESS 5702 NW 47TH LN.

CITY-ST-ZIP TAMARRAC FL 33321

TITLE D ☐ DELETE

NAME BABS, KENT

STREET ADDRESS 401 GOLDEN ISLES DR.

CITY-ST-ZIP HALLENDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, 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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1999 (954) 462-2428
Date Daytime Phone #

0036481

CR2E037 (1/198)