

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10: 59

DOCUMENT # P93000003488 (2)

1. Corporation Name

A MOMENT IN TIME, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2263 14TH AVENUE
VERO BEACH FL 32960

Mailing Address

2263 14TH AVENUE
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0378597	☒ 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. 189.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 2263-14th AV Suite, Apt. #, etc.	2a. Mailing Address 26 2263-14th AV Suite, Apt. #, etc.
22 City & State 23 Vero Beach, FL Zip Country 24 32960 25 Indian River	27 City & State 28 Vero Beach, FL Zip Country 29 32962 30 Indian River

9. Name and Address of Current Registered Agent

CASSANDRA, ROBBINS
2263 14TH AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	CASSANDRA, ROBBINS, L	1.2 NAME	
STREET ADDRESS	1385-16TH CT. S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, PAUL	2.2 NAME	
STREET ADDRESS	1385-16TH CT S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 118.07(3)(j), 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.

SIGNATURE *Cassandra Robbins* Cassandra Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95 407-567-9905

Date

Daytime Phone #