


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90002 003 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P93000025454 (8)					
<b>1. Corporation Name</b> THE STICKER FACTORY, INC.					
<b>Principal Place of Business</b> 4423 SE 16th Place Suite 19 Cape Coral, FL 33904 US			<b>Mailing Address</b> 4423 SE 16th Place Suite 19 Cape Coral, FL 33904 US		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> 04/06/1993 <b>4. FEI Number</b> 65-0399373 <b>Applied For</b> <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. Trust Fund Contribution</b> <input type="checkbox"/> <b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> SILVER, STEVE 1214 S.E. 26th Street Cape Coral, FL 33904			<b>10. Name and Address of New Registered Agent</b> 81 Name MILLER, NANCY B. 82 Street Address (P.O. Box Number is Not Acceptable) 5536 Montilla Drive 83 84 City Fort Myers FL 85 Zip Code 33901		
<b>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.</b> SIGNATURE <u>Nancy B. Miller</u> <b>Nancy B. Miller, Director</b> <b>9/20/99</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE PS <input checked="" type="checkbox"/> DELETE NAME MILLER, ARTHUR C. STREET ADDRESS 5536 Montilla Dr. CITY-ST-ZIP Ft. Myers FL			1.1 TITLE D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MILLER, ARTHUR C., JR. 1.3 STREET ADDRESS 3877 Starshine Trail 1.4 CITY-ST-ZIP Brighton, MI 48114		
TITLE V <input checked="" type="checkbox"/> DELETE NAME SILVER, STEVE STREET ADDRESS 1214 SE 26th St. CITY-ST-ZIP Cape Coral FL			2.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MILLER, NANCY B. 2.3 STREET ADDRESS 5536 Montilla Drive 2.4 CITY-ST-ZIP Fort Myers, FL 33901		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE D/V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME CURRAN, JOHN M. 3.3 STREET ADDRESS 4590 Hebbard Way 3.4 CITY-ST-ZIP Evans, GA 30809		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		

**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 607, 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:** Nancy B. Miller **Director** **9/20/99** **(941) 945-8112**  
(Signature, typed or printed name of signing officer or director Date Daytime Phone #)