

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000061379 (2)

1. Corporation Name

CASSANDRA & BAILEY MODEL MANAGEMENT, INC.



Principal Place of Business

5445 MARINER STR
STE 210
TAMPA FL 33609
US

Mailing Address

513 E. COLONIAL DR.
SUITE 7
ORLANDO FL 32804

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

21 513 West Colonial Drive

2a. Mailing Address

26 513 West Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 6

27 Ste 6

City & State

City & State

23 Orlando FL

28 Orlando FL

Zip

Country

Zip

Country

24 32804

25 Orange

29 32804

30 Orange

9. Name and Address of Current Registered Agent

SOBERING & GRAY P.A.
201 S. ORANGE AVE.
SUITE 780
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Jeffrey P. Milhausen
82 Street Address (P.O. Box Number is Not Acceptable)
46 Swann, Hadley, Denison + Alvarez PA
83 1031 West Morse Blvd Ste 270
84 City Winter Park FL 85 Zip Code 32789

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 Jeffrey P. Milhausen

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

NOTE: Registered Agent signature required when reinstating

4/15/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME BAILEY, DONALD
STREET ADDRESS 513 W. COLONIAL DR., SUITE 7
CITY-ST-ZIP ORLANDO FL 32804

TITLE D
NAME BAILEY, DOUGLAS
STREET ADDRESS 513 W. COLONIAL DR., SUITE 7
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

100001821021

-05/14/96--01117--00

***200.00

☐ Change ☐ Addition

5/1/96 CC

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)