

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90038 043 \*\*\*150.00

DOCUMENT # P93000061379

1. Corporation Name

CASSANDRA & BAILEY MODEL MANAGEMENT, INC.

Principal Place of Business

513 W. COLONIAL DR.  
STE 6  
ORLANDO FL 32804

Mailing Address

513 W. COLONIAL DR.  
STE 6  
ORLANDO FL 32804

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

59-3201430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 37 North Orange Ave

2a. Mailing Address

26 PO Box 1810

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500

27

City & State

City & State

23 Orlando FL

28 Port Salerno FL

Zip

Country

Zip

Country

24 32801

25 USA

29 34992

30 USA

9. Name and Address of Current Registered Agent

MILHAUSEN, JEFFREY P  
C/O SWANN, HADLEY, DENION & ALVAREZ, PA  
1031 W. MORSE BLVD., STE 270  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Donald S Bailey

82 Street Address (P.O. Box Number is Not Acceptable)

3492 SE Clubhouse Place

83

84 City

Stuart

FL

85 Zip Code

34992

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

Donald S Bailey

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BAILEY, DONALD  
STREET ADDRESS 513 W. COLONIAL DR., SUITE 7 P.O. Box 1810  
CITY-ST-ZIP ORLANDO FL 32804 Port Salerno FL 34992

TITLE D ☐ DELETE  
NAME BAILEY, DOUGLAS  
STREET ADDRESS 513 W. COLONIAL DR., SUITE 7 37 N Orange Ave  
CITY-ST-ZIP ORLANDO FL 32804 Orlando FL 32801

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

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Bailey, Donald  
1.3 STREET ADDRESS PO Box 1810  
1.4 CITY-ST-ZIP Port Salerno FL 34992

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Bailey, Douglas  
2.3 STREET ADDRESS 37 N Orange Ave  
2.4 CITY-ST-ZIP Orlando FL 32801

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Donald S Bailey

3/16/99

561-283-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0090997