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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

AININ	1996	DIV	Secretary of St ISION OF CORPC					
DOCL 1. Corporal	JMENT # P	9400006197	8 (0)					
TIME	ELESS SCULPTURES	S, INC.				3 IRAHADI MU MAHLUMANIII BAHI	DONIO DONIO AZIDI MBLO M	
Figure 1 and 1 Divi	an of Physics an	Unling Address						
-	Principal Place of Business Mailing Address 6556 DOVER COVE DRIVE 6556 DOVER COVE DR							
	OVER COVE DRIVE O FL 32822	ORLANDO I						
						3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last F 01/24/19	
r	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
Suite An						59-3259085	\$8.7°	Not Applicable 5 Additional
22	, B, Cto.	27	n, 00.			5. Certificate of Status Desired	4 - · ·	Required
	Orty & State City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			ed to Fees	
<i>Z</i> ф	Country	├	30	ountry		This corporation has liability for in Florida Statutes		199.032,
24	25 9 Name and Addres	29 ss of Current Registered Agen				10. Name and Address of New Ri		
		<u></u>		81 Na	me			
ERRII	NGTON, SIMON T			B2 Str	eet Addres	ss (P.O. Box Number is Not Acceptable	e)	-
	6 DOVER COVE DRIVE			63				
ORLA	ORLANDO FL 32822							ļ
				84 Cit	У		FL 85 2	ip Code
or regis	stered agent, or both, in the with, and accept the obligate	State of Florida. Such change water tions of, Section 607.0505, Florid	is authorized by th a Statutes.	e corporatio	on's board	ion submits this statement for the purp of directors. I hereby accept the appo	cose of changing its intment as registere	d agent. I am
12.		of registured agrict and tills if applicative PFFICERS AND DIRECTORS	(NOTE Mogiste		store required v	ADDITIONS/CHANGES TO OFFI		ORS IN 12
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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 proporation or the receiver rustee 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNAYO OFFICER OR DIRECTOR

Deytime Phone