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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DivISION OF CORPORATIONS

1997

DOCUMENT # P94000072177 (6)

DESIGN, MODELING & ACTING, INC.

Principal Place of Business Mailing Address 4707 E. BUSCH BLVD. 4707 E. BUSCH BLVD. **STE 103 STE 103** TAMPA FL 33617-8018 **TAMPA FL 33617** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/29/1994 07/12/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 3601 SWANN Alve 59-3267671 Same Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required つひけく 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country, Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent 81 Name HANLEY, LINDA 4707 E. BUSCH BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **STE 103** 83 **TAMPA FL 33617** City Zip Code 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 eight, 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 lamiliar with, and accept the objigations of Specien 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITL€ HANLEY, LINDA 1.2 NAME NAME 4707 E. BUSCH BLVD. STE 103 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33617** 1.4 CITY-ST-ZIP CITY - ST. ZIF DELETE 2.1 TITLE Change Addition THE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

14. I do 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 point 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 cytopration 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 changed, or on an attachment with an address.

2 4 City - St-ZIP

3.4. CITY - ST- ZIP

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5.4 City-St-ZiP

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CHY-ST-ZIF

TITLE NAME

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-97

Daytime Phone #

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FILED

May 08 1997 8:00am

Secretary of State