

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000086490 (7)**

1. Corporation Name

MICHELLE CASON PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

**250 W. CHURCH
LONGWOOD FL 32750
US**

**250 W CHURCH
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3282022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASON, MICHELLE D
1449 GLENMORE COURT
APOPKA FL 32712**

81 Name

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

83

84 City

FL

85 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP
CASON, MICHELLE D
1449 GLENMORE COURT
APOPKA FL 32712**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**DV
CASON, JACQUELINE P
1449 GLENMORE COURT
APOPKA FL 32712**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**DST
BROWN, LAURE M
14643 BRAY ROAD
ORLANDO FL 32832**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

SIGNATURE

M. Michelle Cason

4/27/98

CR2E034 (10/97)