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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000373 1. Corporation Name

LOCAL NARRATIVES, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90063 038 ***150.00



Principal Plac	e of Business	Mailing Address					i ingilabi ita inimi ditti antii datti Satti an))(40)(14 40 (10 (1)(1)	10040 1111 1061
C/O ROBERT	S. SIGMAN. ESQ.	C/O ROBERT S. SIGMAN, ESQ.				•	ļ		
211 MAITLAND		211 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701					DO NOT WRITE IN THIS SPACE		
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPR			IE SPRINGS FL	SPRINGS PL 32701			3. Date Incorporated or Qualifed		
							12/29/1994		}
2. Principal F	Place of Business	2a. Mailin	g Address	_			4. FEI Number	Ap	plied For
21		26					59-3288884	No	t Applicable
Suite, Apt.	. #, etc.		Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22 -	<u> </u>	27		_	-		3. Certificate of Charles Desired	Fee Re	equired
City & Sta	te	City &	State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip			ıntry		8. This corporation owes the current year		
24	25	29		30	т		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered A	Agent		81	Name	10. Name and Address of New Registere	o Agent	
SIG	MAN, ROBERT S ESQ								
540 EAST HORATIO AVE. STE. 200					82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	TLAND FL 32751				83				
IADLA	IDAND I E GETOT				••				
					84	City		85 Zip (Code
11 Dureuppi	to the provisions of Sections 607 050	2 and 607 150	8 Florida Statut	es the a	hove	e-named corr	poration submits this statement for the nurnose	of changing its	registered
office or	registered agent or both, in the State	of Florida. Suc	h change was a	uthorized	by I	the corporati	ion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	am familiar with, and accept the obligat		_				11/ -//	22	
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicab	ROBERT NOTE	Registered	Agent	94) t signature require	ed when reinstating)	Y	——
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD		DELETE	1.1 TI	TLE			Change	Addition
NAME	SIGMAN, ROBERT			1.2 N	AME	Ì			
STREET ADDRESS		200		1.3 \$	TREET	ADDRESS			}
CITY-ST-ZIP	MAITLAND FL 32751			1.4 CI	ITY-ST	-ZIP)
TITLE	P		☐ DELETE	2.1 TI	TLE				
NAME	SIGMAN, JENNIFER G			22 N				☐ Change	Addition
STREET ADDRESS				4.219	AME			Change	☐ Addition
CITY-ST-ZIP						ADDRESS		Change	Addition
TITLE	ALTAMONTE SPRINGS FL 327	01		2.3 \$		ı			_
NAME	ALTAMONTE SPRINGS FL 3270 VP	01	DELETE	2.3 \$	TREET	ı		☐ Change	☐ Addition
I CONC		01	DELETE	2.3 S 2.4 C	TREET ŽÍY-S' TLE	ı			_
STREET ADDRESS	VP MADIGAN, STEPHEN	01	DELETE	2.3 S 2.4 C 3.1 TI 3.2 N/	TREET CITY-S' TILE AME	ı	·		_
	VP MADIGAN, STEPHEN			2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET CITY-S' TILE AME	T-ZIP ADDRESS		Change	Addition
STREET ADDRESS	VP MADIGAN, STEPHEN 625 MARINER WAY		DELETE	2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET TLE AME TREET	T-ZIP ADDRESS			_
STREET ADDRESS CITY-ST-ZIP	VP MADIGAN, STEPHEN 625 MARINER WAY ALTAMONTE SPRINGS FL 327(2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C	TREET TLE AME TREET TITE TITE	T-ZIP ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	VP MADIGAN, STEPHEN 625 MARINER WAY ALTAMONTE SPRINGS FL 3270 ST SIGMAN, SHEILA 625 MARINER WAY	D1		2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N	TREET TILE AME TREET TILE TREET TILE VAME	T-ZIP ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP MADIGAN, STEPHEN 625 MARINER WAY <u>ALTAMONTE SPRINGS FL 327</u> 0 ST SIGMAN, SHEILA	D1	☐ DELETE	2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI	TREET TREET TREET TREET TREET TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition
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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 chapter 607, and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and the 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 chapter 607, and the supplemental annual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or chapter 607, and the supplemental annual report is true and accurate and that my name appears in Block 12 or Block 13 if changed in the supplemental annual report is true and accurate and that my name appears in the supplemental annual report is true and accurate and that my name appears in the supplemental annual report is true and accurate and that my name appears in the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and a

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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