**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90295 010 \*\*\*150.00

## 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

## DOCUMENT # P95000064722

BOOM A MODEL & TALENT AGENCY, INC.

Principal Place of Business Mailing Address					
13012 N. DALE MABRY HWY 13012 N. DALE MABRY HWY					
SUITE B	. MADOL FIFT	SUITE B			·
TAMPA FL 336	18	TAMPA FL 33618			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
_					08/22/1995
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26			59-3336260 Not Applicable
Suite, Apt.	#, etc. ' -	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
<u> </u>		28			Trust Fund Contribution Added to Fees
<b>├</b> ─¬ '			Country		8. This corporation owes the current year Intangible Personal Property Tax.  Yes No
24 25 29		<del></del>	0		Personal Property Tax.  Personal Property Tax.  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10.					10. Name and Address of New Registered Agent
PAULSON, DI L			["]	, vanic	
13012 N. DALE MABRY HWY			82	Street Add	iress (P.O. Box Number is Not Acceptable)
SUITE B			83		
TAM		63			
1,740	II / ( ) E 000 / (		84	City	FL 85 Zip Code
<u></u> _	1				FL
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.					
agent. I am familiar with, autoracceptine obligations of Section 607.0505, Florida Statutes.					
SIGNATURE 4.0/1/					
42	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent	signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PST OFFICERS AND	DELETE	1,1 TITLE		Change Addition
	PAULSON, DIANNE L	<u></u>	1,2 NAME		4.5 0
NAME	40040 N BALE 14100V 1840V		1.3 STREET	ADDRESS	
STREET ADDRESS	TAMPA FL 33618				
CITY-ST-ZIP	TAMPA PL 33010	DELETE	1.4 CITY-ST	- 2/17	☐ Change ☐ Addition
		- Deferie	2.2 NAME		
NAME				ADDOFOS	
STREET ADORESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2.4 C/TY-S1 3.1 TITLE	1-2/1	Change Addition
TITLE		D	3.1 III.E		,
NAME			3.3 STREET	ADDRESS	
STREET ADDRESS				i	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST	1-ZIP	☐ Change ☐ Addition
TITLE	1	רו ספנפור	1		C. Johnson
NAME			4. 2 NAME		
STREET ADDRESS	}		4.3 STREET		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST	-ZIP	Change Addition
TITLE		□ vere ir	5.1 TITLE 5.2 NAME		
NAME	}		5.3 STREET	ADDRESS	ţ
STREET ADDRESS			5.4 CITY-ST		ļ
CITY-ST-ZIP	<del> </del>	DELETE	6.1 TITLE	- 415	☐ Change ☐ Addition
TITLE	<i>'</i>	CT ACTE IE	6.2 NAME		Country Madillon
NAME			6.3 STREET	ADDDESS	
STREET ADDRESS	(			- 1	†
CITY-ST. 7ID .	l .		6.4 CITY-ST	- <i>LI</i> P l	l l

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 appear of the corporation of the receiver or trustee empowered.

SIGNATURE:

CITY-ST-ZIP

GUIRED