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Feb 03 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 # P96000007708 (6)

1. Corporation Name

VAGABOND STUDIO, INC.



Principal Place of Business

Mailing Address

5857 S UNIVERSITY DR
DAVIE FL 33328
US

4056 NW 90TH AVENUE
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0649174

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 5957 S. University Dr

26 11766 NW 1st Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Davie FL

28 Coral Springs FL

24 Zip

25 Country

29 Zip

30 Country

33328

USA

33071

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DAVID
4056 NW 90TH AVENUE
SUNRISE FL 33351

Smith David
11766 NW 1st Ct.
Coral Springs, FL
33071

81 Name

Smith, David

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

11766 NW 1st Ct.

83

84 City

Coral Springs

FL

85 Zip Code

33071

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 VT ☐ DELETE

NAME SMITH, DAVID J
STREET ADDRESS 4056 NW 90TH AVENUE
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Smith, David J
1.3 STREET ADDRESS 11766 NW 1st Ct.
1.4 CITY-ST-ZIP Coral Springs FL 33071

TITLE P ☐ DELETE

NAME SMITH, SUSAN M
STREET ADDRESS 4056 NW 90TH AVENUE
CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Smith Susan M
2.3 STREET ADDRESS 11766 NW 1st Ct.
2.4 CITY-ST-ZIP Coral Springs FL 33071

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: Susan Smith 1-27-98 796-7333

CR2E034 (10/97)