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 # P96000017546

Visual Coordination by Carole Talbott, Inc

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

2006 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

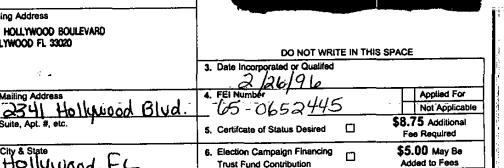
2341 Hollywood

HOLLYWOOD FL 33020

2006 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020

May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 019 ***150.00



☐ Yes

8. This corporation owes the current year Intangible 33020 25 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Visual Courdination by Carole Talbott, Irc. 2006 HOLLYWOOD BOULEVARD

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

Zip Code City

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, hoped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI						
TITLE	POTS	1.1 TITLE	_		Change	Addition
NAME	Visual Coordination by Carole Talboth Inc.	1.2 NAME		اسام		
STREET ADDRESS	2006 Hollywood Blud	1.3 STREET ADDRESS	2341 Horlywood	Blva.		
CITY-ST-ZIP	Hollywood, FL 33020	1.4 CITY-ST-ZIP	Hotlywood, FC	3 30 24		
TITLE	DELETE	2.1 TITLE	1		Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	1			
CITY-ST-ZIP		2, 4 CITY-ST-ZIP				5
TITLE	DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME _ ,				
STREET ADDRESS	<u>,</u>	3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP		<u> </u>		
TITLE	☐ OELETE	4.1 TITLE			☐ Change	Addition
NAME		4.2 NAME				
STREET ADDRESS	5	4.3 STREET ADDRESS	;			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>			
TITLE	DELETE	S.1 TITLE			Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS	s	5.3 STREET ADDRESS				
CITY-ST-ZIP		\$.4 CITY-ST-ZIP	<u></u>			
TITLE 25 13		6.1 TITLE			Change	Addition
NAME	The state of the s	6.2 NAME				
STREET ADDRES	s S	6.3 STREET ADDRESS	6			
5		RACTIV-ST-7IP	l l			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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 chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carole Talbott

(954) 923-5838