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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P96000041848 (8) DOCUMENT #

1. Corporation Name

AN OCCASION TO REMEMBER, INC.

Principal Place of Business Mailing Address 1275 BENNETTT DRIVE 1275 BENNETT DRIVE SUITE 104 **SUITE 104** LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE LONGWOOD FL 32750 3. Date Incorporated or Qualified 05/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3378204 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORD, JULIANNE 157 CROWN POINT CIR. 62 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 84 City Zıp 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. uired when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition FORD. JULIANNE NAME 1.2 NAME 157 CROWN POINT CIRCLE STREET ADDRESS 1.3 STREET ADDRESS Longwood Fl CITY-ST-Z#P 1.4 CITY - ST - ZIP DELETE TITLE Channe Addition 2.1 TITLE LAYER, RENAULT NAME 2.2 NAME 4725 S. TEXAS AVENUE STREET ADDRESS 2.3 STREET ADDRESS Orlando fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition FORD, J. GANETTE JERRAPHE NÁME 3.2 NAME 157 CROWN POINT CIRCLE STREET ADDRESS 3.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DÉLÉTE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 13 if changed, or on an altachment with an address.

6.4 CITY - ST - ZIP