

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90004 042 \*\*\*550.00

DOCUMENT # **P96000045593**  
Corporation Name  
**FAMILY AFFAIRS EVENTS & PUBLICATIONS, INC.**



Principal Place of Business  
**40 MARINER ST.  
112  
TAMPA FL 33609**

Mailing Address  
**533 S HOWARD AVE  
STE 861  
TAMPA FL 33606  
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2104 MARJORY AVE**

2a. Mailing Address  
**26 PMB 61 - 533 S HOWARD AVE**

Suite, Apt. #, etc.  
**27 #8**

City & State  
**TAMPA FL**

City & State  
**28 TAMPA FL**

Zip Country  
**33606 25 US**

Zip Country  
**29 33606 30 US**

3. Date Incorporated or Qualified  
**05/22/1996**

4. FEI Number  
**59-3383593**

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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**SIMONETTI, SHERRI L  
2104 MARJORY AVE  
STE. 112  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

| OFFICERS AND DIRECTORS |                                                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|------------------------|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| ST-ADDRESS             | PSD<br>SIMONETTI, SHERRI L<br>2104 MARJORY AVE<br>TAMPA FL 33606 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 1.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 1.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| ST-ADDRESS             | TD<br>SIMONETTI, RICHARD F<br>2104 MARJORY AVE<br>TAMPA FL 33606 | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 2.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 2.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 2.4 CITY-ST-ZIP                                       |                                                                   |
| ST-ADDRESS             |                                                                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 3.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 3.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 3.4 CITY-ST-ZIP                                       |                                                                   |
| ST-ADDRESS             |                                                                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 4.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 4.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 4.4 CITY-ST-ZIP                                       |                                                                   |
| ST-ADDRESS             |                                                                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 5.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 5.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 5.4 CITY-ST-ZIP                                       |                                                                   |
| ST-ADDRESS             |                                                                  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP                 |                                                                  | 6.2 NAME                                              |                                                                   |
|                        | <input type="checkbox"/> DELETE                                  | 6.3 STREET ADDRESS                                    |                                                                   |
|                        |                                                                  | 6.4 CITY-ST-ZIP                                       |                                                                   |

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.

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CR2E034 (5/99)