## 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 # **P96000066792**1. Corporation Name

FANTASY FIGURES, INC.

Principal Place of Business Mailing Address							(MIIN MILIN BINI) INDIN 18119 IVAS 1881	
9167 CHIANTI COURT 9167 CHIANTI COURT						·		
BOYNTON BEACH FL 33437-2461 BOYNTON BEACH FL 33437-				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						08/02/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21 26						58-2258461	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				- Carlot Chatter Desired	\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23	. 28			Trust Fund Contribution			Added to Fees	
Zip				untry		8. This corporation owes the current year	r Intangible	
24	25	29 30				Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registe	red Agent	
				81	Name			
HENRIQUES, FRANK 9167 CHIANTI COURT				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				Oli Cel 7		And the same of th		
BOYNTON BEACH FL 33437-2461				83		<b>海瓜平安东江海镇州</b>		
				84	City	(Appropriate Control of the Control	85 Zip Code	
					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.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					gistered Agent signature required when reinstating) ' ' ' ' DATE			
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition	
TITLE	D	☐ DELETE	1.1	TITLE		e the significance of the	Citalige C Addition	
NAME	HENRIQUES, FRANK			NAME				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			1.3 STREET ADDRESS			,	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			Channe	
TITLE	·	☐ DELETE	2.1	TITLE			☐ Change ☐ Addition	
NAME			2.2	NAME		•		
STREET ADDRESS			2.3	STREE	T ADDRESS			
CITY-ST-ZIP		. <u>_</u>	_	CITY-S	ST-ZIP		Colores C Addition	
TITLE		☐ DELETE	3.1	TITLE			☐ Change ☐ Addition	
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREE	TADORESS	高速流流 (物) 经济股票	學語為自動語的問題	
CITY-ST-ZIP			_	CITY-S	ST-ZIP	4,42,7	- State Change #15 Change	
TITLE		☐ DELETE	1	TILE		15 T 1 5 5 5 1 5 7 22	12 - 3/ Unlange 1 - 25 [ Addition	
NAME				NAME			ļ	
STREET ADDRESS			4.3	STREE	TADDRESS		ţ	

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 attacpment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

☐ DELETE

☐ Change

Change

Jan 27, 1999 8:00 am Secretary of State

01-27-1999 90052 026 \*\*\*150.00

☐ Addition

☐ Addition