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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067563 (2)

MOMEN	NTS IN TIME CREATIONS,	INC.			
Principal Plac	e of Business	Mailing Address		4 IBBINSOL NIO IDENO SILIN OBINI OBINI SENIN SENIO	Anita 10001 Aitus Baldo filis 1061
7054 NW 49TH ST LAUDERHILL FL \$3319		7054 NW 49TH ST LAUDERHILL FL 33319		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 08/08/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEt Number	Applied For
21		26		65-0694229	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	· • • • • • • • • • • • • • • • • • • •	28	,	Trust Fund Contribution	Added to Fees
<b>Z</b> ip	Country	Z(p	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	3d Agent
	PE, DAVID D				
7054 NW 49TH ST Lauderhill Fl 33319			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
Lni	UUCNIILL FL 300 18		83		
			84 City	F	<del>-</del> ' '
office or r agent. I a	to the provisions of Sections 607.08 egistered agent, or both in the Sta im familiar with, and accept the obt	.02 and 607,1508, Florida Statu le of Horida Such change was igations of, Section 607.0505, F	tes, the above-named corp authorized by the corporati lorida Statutes.	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE	Signature, typicid or printed harvo of registered a	AND	It Registered Agent signature require	red when reinstating) DATE	
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE	710000000000000000000000000000000000000	Change Addition
NAME	COPE, DAVID D		1.2 NAME		<del></del>
STREET ADDRESS	7054 NW 49TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY - ST - ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	COPE, BETH A		2.2 NAME	*	
STREET ADDRESS	7054 NW 49TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 T(TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·
TITLE		☐ DÉLETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T occurs	4.4 City-St-ZiP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		Destre	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-74P			6.4 City-St-ZiP		

14. I breby 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 supplimental 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, if on an attachpoint with an address.

CIGNATURE:

5/1/98

954-577-5810

**FILED** 

May 20 1998 8:00am

Secretary of State