

**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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90214 039 \*\*\*150.00

**DOCUMENT # P97000003646**

1. Corporation Name  
**STICKERMANIA, INC.**



Principal Place of Business  
7257 NW 4 BLVD STE 73  
GAINESVILLE FL 32607

Mailing Address  
7257 NW 4 BLVD STE 73  
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **7257 NW 4<sup>TH</sup> BLVD.**

2a. Mailing Address  
26

3. Date Incorporated or Qualified  
**01/02/1997**

4. FEI Number  
**59-3418233**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **SUITE # 73**

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
23 **GAINESVILLE, FL**

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
24 **32607** 25 **USA**

Zip Country  
29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SYER, SERENE**  
7257 NW 4 BLVD STE 73  
GAINESVILLE FL 32607

81 Name **CARL MINK**

82 Street Address (P.O. Box Number is Not Acceptable)  
**14903 NW 121 TERRACE**

83

84 City **ALACHUA**

85 Zip Code **FL 32615**

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

DATE **4.6.99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **P SYERS, SERENE**  
STREET ADDRESS **7257 NAW 4 BLVD STE 73**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

1.1 TITLE  Change  Addition  
1.2 NAME **SYER, SERENE**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **V. DRITZ, JASON**  
2.3 STREET ADDRESS **502 N.W. 75<sup>TH</sup> STREET, STE 197**  
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/6/99** DAYTIME PHONE # **904-462-0438**

CR2E034 (11/98)

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