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 13, 1999 8:00 am Secretary of State

04-13-1999 90106 021 ***150.00

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F9/18/8/4/0//

1. Corporation Name

ON LOCATION MODEL & TALENT, INC.

ON LOG	ATION MODEL & TALENT,	INC.							
Principal Place	of Rusiness	Mailing Address					B edi ab ole ab ole i	alab a kalan kakin	HERE HER HOSE
1211 N WESTS		10429 ST TROPEZ PL							
SUITE 115	HONE DEVE	10420 01 11101 02 10							
TAMPA FL 33607 TAMPA FL 33615			DO NOT WRITE IN THIS SPACE						
		US				3. Date Incorporated or Qualifec	1		
						05/08/1997		· ·	
∞2. -Principal Pl	lace of Business	-2a:=Mailing Address				FO 0440700		_ 	plied For
21	46 - 4	26 Suite Ant # ote				59-3448780		\$8.75 A	t Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & State	a .	City & State				6. Election Campaign Financing		\$5.00	<u> </u>
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Coun	try		8. This corporation owes the cur	rent vear Int	angible	
24	25	29	30			Personal Property Tax.	,	∐Yes	⊠No
	9. Name and Address of Curre					10. Name and Address of New	Registered	Agent	
			1	B1 Na	ne		•		
	er, randell m		-	82 Str	et Addre	ss (P.O. Box Number is Not Accep	table)		
	s hyde park ave		[oct Madre	33 (1 : 6: 86x) (8: 18: 18: 18: 18: 18: 18: 18: 18: 18: 1			
TAM	PA FL 33606			83					
_	•		l,	84 Cit	<u> </u>			85 Zip (Code
] '			FL		
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized i	by the c	ned corpo orporation	ration submits this statement for the i's board of directors. I hereby acce	e purpose of ept the appoi	changing its ntment as re	registered gistered
SIGNATURE							DATE		
43	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	13.	igent signa	ure required	when reinstating) ADDITIONS/CHANGES TO O		ID DIRECTO	RS IN 12
12. πτε	D	DELETE	1.1 TITL			ADDITIONO OF PARCES TO SE		Change	Addition
NAME	KOSTICK, SANDRA S		1.2 NAM						
STREET ADDRESS	10429 ST TROPEZ PL		,						
	TAMPA FL 33606		13 STR		ESS				
CITY-ST-ZIP				EET ADDR	ESS				
NAME .		☐ DELETE		EET ADDR 7-ST-ZIP	ESS			☐ Change	☐ Addition
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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:

TURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

3/11/99 813 891 9697