## 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 # P97000057150 (9)

MASTERPIECE MEMORIES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 22 1998 8:00am Secretary of State



· · · · · · · · · · · · · · · · · · ·	01,000	Withing Madress					
	akland Park Blvd. Ste. 102 Rdale Fl 33306	2810 EAST OAKLAND PARK BLVD. STE. 102 FORT LAUDERDALE FL 33306					
TORK CHODE	TENED I E GOOD	TOTAL BRODENINGE VE	. 00000		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
					06/27/1997		
2. Principal Place of Business 2a, Mailing Add			ress		4. FEI Number	Appl	ied For
21		26		65-0764063	— <del>—</del> —	Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Ad	<del></del>	
22		27		5. Certificate of Status Desired	Fee Requ		
City & State		City & Stato		6. Election Campaign Financing	\$5.00 M		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip Countr		У	8. This corporation owes or has paid the current year Intangible		
24	25	29	30	•	Personal Property Tax due June 30. Yes No		
=31	9. Name and Address of Currer		100		10. Name and Address of New Registered		<del></del>
TAF	RNOVE, BILLIE		81	Name			
	O EAST OAKLAND PARK BLVD.	STE 102	ļ				
FORT LAUDERDALE FL 33306			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	THEADDERDALC FC 33300		83	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
: 18	- <del>\$</del>		"	1			
			84	City	<b>-</b>	85 Zip Co	de
				<u> </u>	FI	-	
11. Pursuant t	o <b>the</b> provisions of Sections 607.050 polistered apont, or both, in the State	12 and 607.1508, Florida <b>S</b> tati Foil Florida, Such change was	utes, the abov	re-named cor or the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its r	egistered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	is.	and to board or an octorio. Thoroby doctors into ap	pontinon ao 10	giatoros
SIGNATURE							
	Signature, typed or printed name of registered age			ent signature requ	uired when reinstating) DATE		í
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE			L Change	Addition
NAME	TARNOVE, EDNA		1.2 NAME				[5
STREET ADDRESS	3200 PORT ROYALE DR. NO		1.3 STREE	T ADDRESS			[8
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY-	ST-ZIP			{
TITLE	D	☐ DELETE	2.1 TITLE		•.	Change	Addition C
NAME	TARNOVE, RICHARD L		2.2 NAME				1
STREET ADDRESS	3200 PORT ROYALE DR. NO		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	8	2. 4 CITY-	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	LICHTINGER, RINA	•	3.2 NAME				
STREET ADDRESS	2880 N.E. 55TH CT.		3.3 STRFF	T ADDRESS			
CITY-ST-ZIP	EODT LAUDEODALE EL		3.4. CITY-				ì
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME		<del>_</del>	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
			1				
CITY-ST-ZIP		DELETE	4.4 CiTY-	SI-ZIP		Change	Addition
TITLE		C. J OELETE	5.1 TITLE			Change (	
NAME			52 NAME				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST · ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	T ADDRESS	•		
CITY+ST-ZIP			6.4 CITY-	ST-ZIP			ŀ

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 supplied 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 feeting of the corporation or the feeting of the corporation or the feeting of the corporation of the corporation or the feeting of the corporation of the corporation or the feeting of the corporation of the corpo