**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000057226

Country

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STEPHANIE'S PHOTO STUDIO, INC.

Principal Place of Business Mailing Address 9045 LA FONTANA BLVD 9045 LA FONTANA BLVD SUITE B12 BOCA RATON FL 33434 SUITE B12 BOCA RATON FL 33434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business <u>06/27/1997</u> 2a. Mailing Address 21 4. FEI Number 26 Suite, Apt. #, etc. APPLIED FOR Suite, Apt. #, etc. 22 5. Certifcate of Status Desired 27 City & State City & State 23 6. Election Campaign Financing 28 Zip 

Zip

29

9. Name and Address of Current Registered Agent MOISES, MARIA A 9045 LA FONTANA BLVD SUITE B12 **BOCA RATON FL 33434** 

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ountry	0 75		Auded to Fees	
	This corporation owes the current Personal Property Tax.		□ voc	
81	10. Name and Address of New R	legistered A	gent	
82	Street Address (P.O. Box Number is Not Acceptal	ble)		<del></del>
83				
84	City		85 Zip	Code
<u> </u>	<del></del>	FI !	2.p	Code

Trust Fund Contribution

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90112 001 \*\*\*150.00

Country

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office or	to the provisions of Sections 607.0502 and 607.1508, Florida Statute	es the above	FL   85   Zip Co	de				
agent, I am familiar with, and accept the obligations of Section 607 0505. Florida State of State of Florida State of Florida State of Florida State of Florida State of Corporation submits this statement for the purpose of changing its registered								
FL 85 Zip Code 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 obligations of control of the purpose of changing its registered sagent. I am familiar with, and accept the obligations of control of the purpose of changing its registered statutes.  SIGNATURE  Signature, type or proted name of registered agent.								
12,	MOTE:	Registered Agent signatur	re required when reinstating)	1 [				
TITLE	PD SINCOTORS	13.		<del></del> -				
NAME	MOISES, MARIA A	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12				
STREET ADDRESS	ONAS IA CONTANA DUO	1.2 NAME	☐ Change	Addition				
CITY-ST-ZIP	9045 LA FONTANA BLVD., SUITE B12 BOCA RATON FL 33434	1.3 STREET ADDRES	s ·					
TITLE		1.4 CITY-ST-ZIP		} }				
NAME .	DELETE	2.1 TITLE		3				
STREET ADDRESS		2.2 NAME	☐ Change [	Addition				
CITY-ST-ZIP		2.3 STREET ADDRESS	5					
TITLE		2.4 CITY-ST-ZIP						
NAME	L] DELETE	3.1 TITLE						
TREET ADDRESS		3.2 NAME	☐ Change ☐	Addition				
CITY-ST-ZIP		3.3 STREET ADDRESS	,	1				
TLE		3.4. CITY-ST-ZIP		ļ				
IAME	DELETE	4.1 TYTLE						
TREET ADDRESS	,	4.2 NAME	☐ Change ☐	Addition				
ITY-ST-ZIP		4.3 STREET ADDRESS		[				
TLE		4.4 CITY-ST-ZIP						
ME	DELETE	5.1 TITLE						
REET ADDRESS		5.2 NAME	☐ Change ☐	Addition				
TY-ST-ZIP		5.3 STREET ADDRESS						
TLE .		5.4 CITY-ST-ZIP						
ME	DELETE	6.1 TITLE						
REET ADDRESS		6.2 NAME	☐ Change ☐	Addition				
Y-ST-ZIP		6.3 STREET ADDRESS						

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 practice 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 the same legal effect as if practice of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the same legal effect as if practice of the corporation or the receiver of trustee empowered.

IGNATURE:

(561)293-8600

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable