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

DOCUMENT # P97000066369

TREASURED MOMENTS PHOTOS, INC.

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90088 036 ***150.00



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Principal Place	of Business	Mailing Address	Mailing Address			i (82(188)) (18 18))); agus agus agus agus	19 01110 01100 11110 1	31118 1811 1891	
11444 - 61 STR	eet north	11444 - 61 STREET NORTH PINELLAS PARK FL 33782							
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/28/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			_	4. FEI Number	Apr	plied For	1
21		26				59-3466405	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional	-
22	•	27				5. Certificate of Status Besiled	Fee Re	quired	ļ_
City & State		City & State				6. Election Campaign Financing	\$5.00		
23	·	28				Trust Fund Contribution	Added t	o Fees	┨
Zip	Country	Country Zip Country 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
==1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	d Agent		-
HARTMANN, TRAVIS			82	Street /	Addres	ess (P.O. Box Number is Not Acceptable)			1
	4 - 61 STREET NORTH			Oli Oci riddi		,			1
PINE	LLAS PARK FL 33782								İ
			84	City			85 Zip (Code	1
44 Durationt	to the provinces of Sections 607 050	2 and 607 1508 Florida Statutes, the	e ahovi	-named	corpor	ration submits this statement for the nurnose	of changing its	registered	1
office or n	onistered agent, or both, in the State (of Florida, Such change was authoriz	zed by	the corpo	oration	's board of directors. I hereby accept the ap	ointment as re	gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	itatutes	•					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Regist)	ered Ager	t sionature re	equired v	when reinstating) DATE],
12,			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12] }
TITLE	D		.1 TITLE			•	Change	Addition] :
NAME	HARTMANN, TRAVIS	1.	2 NAME						
STREET ADDRESS	The state of the s		1.3 STREET ADDRESS						
CITY-ST-ZIP	PINELLAS PARK FL 33782	1.	4 CITY-S	T-ZIP		<u>-</u>] ;
TITLE	D	☐ DELETE 2.	.1 TITLE				Change	☐ Addition	1
NAME	NATOLI, YVONNE	2	2 NAME	1	H	ARTMANN, YUONNE			
STREET ADDRESS	11444 - 61 STREET NORTH	2	.3 STREE	TADORESS		, ,			
_CITY-ST-ZIP	PINELLAS PARK FL 33782.		4.CITY-5]-ZIP			<u> </u>		_ _
TITLE		☐ DELETE 3.	.1 TITLE				☐ Change	☐ Addition	-
NAME		3.	2 NAME						1
STREET ADDRESS		3.	.3 STREE	TADORESS		•			
CITY-ST-ZIP		3	4. CITY-5	ST-ZIP					
TITLE		☐ DELETE 4.	.†ππ <u>ιε</u>				☐ Change	☐ Addition	1
NAME		4	. 2 NAME		İ				İ
STREET ADDRESS		4	.3 STREE	T ADDRESS					}
CITY-ST-ZIP		4	4 CITY-S	T-ZIP					1
TITLE		☐ DELETE 5.	S.1 TITLE			•	Change	☐ Addition	}
NAME	}	5	.2 NAME						
STREET ADDRESS;		5	.3 STREE	TADDRESS					1
CITY-ST-ZIP			4 CITY-S	T-ZIP					1
TITLE			i.1 TITLE			•	Change	Addition	
NAME		6	3.2 NAME						-
STREET ADDRESS	6	3.3 STREE	TADDRESS					}	
1			4000		l				Ĭ

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.