## 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 # P97000101073

BACKSTREET IMAGES, INC.

Principal Place of Business

Mailing Address

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90147 025 \*\*\*150.00



507 C-5 SEA O JUNO BEACH F		507 C-5 SEA OATS DRIVE JUNO BEACH FL 33408			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/01/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21 507 SEA OATS DR 26 507			SIG DAO AS		65-0809563	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip	Country 30	,	This corporation owes the current year!     Personal Property Tax.		08
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
		<u></u>	81	Name			
AMERILAWYER 343 ALMERIA AVENUE			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134		83				
	. 💆		84	City	F	85 Zip C	Code
office or n	to the provisions of Sections 607.0502 ogistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Flori	thorized by da Statutes	the corporation.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered
	Signature, typed or printed name of registered agent	and title if applicable (NOTE. F	<del></del>	nt signature required	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TME	PSTD	☐ DÉLETE	1,1 TITLE			Change	Addition
NAME	KUSHA, SHARON L		1.2 NAME	1			I
STREET ADDRESS 507 C-5 SEA OATS DRIVE			1.3 STREE	TADDRESS			
CITY-ST-ZIP JUNO BEACH FL 33408			1.4 CITY-S	T-ZIP		<del></del>	
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE DELETE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	· · · · · · · ·	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	Prairie de la companya della companya della companya de la companya de la companya della company		6.2 NAME				1
STREET ADDRESS	A ** h = 3 \		6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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.

SIGIS AND THE CLUSTONING OFFICER OR DIRECTOR

Daytime Phone