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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000011494

1. Corporation Name

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90250 039 \*\*\*158.75

TOTIL III	IAGERY ENTERPRISES, INC.	·				
Principal Place	e of Business	Mailing Address				
7244 CONWAY		7244 CONWAY CIRCLE				
ORLANDO FL 32809 ORLANDO FL 32809				DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				02/03/1998		
2. Principal Pl	lace of Business	2a. Mailing Address		4 EEI Number	Ap	plied For
21 703	Valeria Shares	26 120 120X	7.70151	1 59-34914	202 H	t Applicable
Suite, Apt.	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	Suite, Apt. #, etc.		- Contifered of Status Desired	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	6. Election Campaign Financing	□ \$5.00	
23 Wint	er (parder FL	28 Winter CO	den FL	Trust Fund Contribution  8. This corporation owes the curren	Added	to Fees
24 3-47	87 25 USA	2934777 3	1 / 12 (T	Personal Property Tax.	☐Yes	□No
24 0 13	g. Name and Address of Current	<del></del>		10. Name and Address of New Reg	gistered Agent	
_			81 Name	lod: Slovt		
COR	PORATION SERVICE COMPANY		82 Street Addi	ess (P.O. Box Number is Not Acceptabl	<u></u>	
	HAYS STREET		٦	WHEN IC Shore	& Dr.	
TALL	AHASSEE FL 32301-2525		83			
			9.4 (#)		or Zin	Code
			84 Dimbr	conden	FL コス	1787
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the pu	rpose of changing its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with and accept the objigate	f Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept t	ine appointment as re	gistered
agent La		onsint/Section 60/, UbUb. Florid	la Statutes.			
	m tamiliar with and accept the orbigate	ons of Section 697.0505, Florid	ia Statutes.	(	110199	Į.
agent. I a	m familiar with and accept the obligation	to let	la Statutes. legisterød Agent signature require		16 99 DATE	
	( HOW) ///-C	amphile applicable. (NOTE: R	egistered Agent signature require		DATE OF THE COLOR	DRS IN 12
SIGNATURE	Signature Typed of Photo name of registered agent OFFICERS AND	and file if applicable. (NOTE: F	egisterød Agent signature require	d when reinstating)	DATE 7	
SIGNATURE	Signature typed of phonon name of registered agent OFFICERS AND D STOUT, JODI	amphile applicable. (NOTE: R	egistered Agent signature require	d when reinstating)	DATE OF THE COLOR	DRS IN 12
SIGNATURE  12.  TITLE	Signature Typed of Photo name of registered agent OFFICERS AND	amphile applicable. (NOTE: R	egistered Agent signature require  13.  1.1 TITLE	d when reinstating)	DATE OF THE COLOR	DRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed of phonon name of registered agent OFFICERS AND D STOUT, JODI	antiful applicatio (NOTE: R D DIRECTORS	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature (typed of phase rame of registered agent OFFICERS AND STOUT, JODI 7244 CONWAY CIRCLE	amphile applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating)	DATE OF THE COLOR	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature (typed of phase rame of registered agent OFFICERS AND STOUT, JODI 7244 CONWAY CIRCLE	antiful applicatio (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	d when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature (typed of phase rame of registered agent OFFICERS AND STOUT, JODI 7244 CONWAY CIRCLE	antiful applicatio (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	d when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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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 component 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 of on an attactories with all other like empowered.

SIGNATURE: