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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016710

1. Corporation Name
JENNIFER'S STUDIO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 34080 US HWY 19 N, PALM HARBOR FL 34684
Mailing Address: 34080 US HWY 19 N, PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 02/19/1998

2. Principal Place of Business (21) and Mailing Address (26)

4. FEI Number and Applied For (Not Applicable)

Suite, Apt. #, etc. (22) and (27)

5. Certificate of Status Desired (8.75 Additional Fee Required)

City & State (23) and (28)

6. Election Campaign Financing (5.00 May Be Added to Fees)

Zip (24) and Country (25) for Principal Place of Business

8. This corporation owes the current year Intangible Personal Property Tax (Yes/No)

Zip (29) and Country (30) for Mailing Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKELMAN, JENNIFER D
34080 US HWY 19 N
PALM HARBOR FL 34684

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D DECKELMAN, JENNIFER D
3223 HARVEST MOON DR
PALM HARBOR FL 34683

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DELETED OFFICER

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DELETED OFFICER

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DELETED OFFICER

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DELETED OFFICER

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

DELETED OFFICER

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: Jennifer D Deckelman 2/11/99 (727) 786-2184

CR2E034 (11/98)