Same of the

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

6 CLINTON CT South

Country

30

DOCUMENT # P98000044152

Country

9. Name and Address of Current Registered Agent

25

THE WEDDING COTTAGE INC.

Principal Place of Busine	2
6 CLINTON CT. SOUTH	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

P. O. BOX 251074 HOLL HILL FL 33125

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PALM COAST

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90227 020 ***150.00

Applied For

\$8,75 Additional

Fee Required

\$5,00 May Bo

Added to Fees

☐ Yes

₩

Not Applicable



DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified

 \Box

05/15/1998 4. FEI Number

59-3479613

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

				Nam	18		
TORRES, MICHAEL J 6 CLINTON CT. SOUTH			82	Stree	et Address (P.O. Box Number is Not Acceptable)		
PALI	M COAST FL 32137		83	 			
			84	City	85 Zip Code		
		-			FL 1 1 1 1 1 1 1 1 1		
11. Pursuant to the provisions of Sections 607.050Z 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 NICHAEL J. TORRES Signature, typad or prinsed means of registered agent and title if applicable. (INDTE-Milipstured Agent suphrature registed when reinstating) DAVE							
12.	Signature, typed or printed name of registered again and title in appacable OFFICERS AND DIRECTORS		13.	4 SP\$1500	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAESIdeNT	DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	Michael T TOOKS		1.2 NAME		•		
STREET ADDRESS	6 CLINTON OF SOUTH		1.3 STREET	ADDRES			
CITY-ST-ZIP	PALM COUST FL 32137		14 CITY-5	T-Z\$P			
TILE	Vice Patsitent	DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	POLLEDES TORKES		22 NAME		 		
STREET ADDRESS	6 CLINTON OF SOUTS		2.3 STREET	ADDRES	SS		
CTY-ST-ZP	PALM GOGST FL 32137		2.4 CITY-5	17-25P	Chance Addition		
TILE	SCHETARY SUNSHINE TOLLES 6 CLINTON LT SOUTH	☐ DETELE	3.1 TILE		☐ Change ☐ Addition		
NAME	SUNSHINE TOLLES		3.2 NAME				
STREET ADDRESS	6 CLINTON LT SOUTH		3.3 STREET		SS		
CITY-ST-ZIP	PALM COGST FL 32137 TREASURE MILLARY TORRES	DELETE	34 CTY-5	7.ZP	☐ Change ☐ Addition		
TILE	TREASURE	Cherese	4.1 TITLE		County Civarian		
NAME	MICHAEL J. TORKES		4.2 NAME		_1		
STREET ADDRESS			4.3 STREET		SS		
CITY-ST-ZIP	PALM COAST H 32137	DELETE	4.4 CITY-ST	r-ZIP	☐ Change ☐ Addition (
TILE		المالية المالية	5.1 TITLE 5.2 NAME				
NAME			5.3 STREET	ADORES	es l		
STREET ADORESS)		5.4 CITY-ST		~		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
			6.3 STREET	ADDRES	ss		
STREET ADDRESS			64 CITY-ST	r-zpp			
14. I hereby	certify that the information supplied with this filing does	s not qualify for th	e evemoti	nn stat	ted 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							

CR2E034 (11/98)

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