

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90034 025 ***150.00

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DOCUMENT # P98000046664

1. Corporation Name
THE MEMORY BOOK OF OVIEDO, INC.

Principal Place of Business
1603 BAY CLUB RD.
OVIEDO FL 32766

Mailing Address
1603 BAY CLUB RD.
OVIEDO FL 32766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3512478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 1664 Canoe Creek Rd

Suite, Apt. #, etc.

22

City & State

23 Oviedo, FL

Zip

24 32766

Country

25 USA

2a. Mailing Address

26 161 Alafaya Woods Blvd

Suite, Apt. #, etc.

27 #218

City & State

28 Oviedo, FL

Zip

29 32765

Country

30 USA

9. Name and Address of Current Registered Agent

WITTMAN, HEATHER
1603 BAY CLUB RD.
OVIEDO FL 32766

10. Name and Address of New Registered Agent

81 Name

Joann Cowell

82 Street Address (P.O. Box Number is Not Acceptable)

1664 Canoe Creek Rd.

83

84 City Oviedo

FL

85 Zip Code

32766

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

Joann M. Cowell

2/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME WITTMAN, HEATHER
STREET ADDRESS 1603 BAY CLUB RD.
CITY-ST-ZIP OVIEDO FL 32766

TITLE D ☐ DELETE

NAME COWELL, JOANN
STREET ADDRESS 1664 CANOE CREEK RD.
CITY-ST-ZIP OVIEDO FL 32766

TITLE D ☐ DELETE

NAME COLE, MELISSA
STREET ADDRESS 3120 HIDDEN RIVER CT.
CITY-ST-ZIP OVIEDO FL 32766

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Joann M. Cowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/99 407.359.7556

CR2E034 (11/98)