## CORPORATION ANNUAL REPORT

1999



## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS - PPROVED AND FILED

15 -0 FT 12: 110

## DOCUMENT # P98000052671

CARTOON BUSINESS CARDS, INC.					2. 12
Official addings of the office				L IMBICAGO DES MICAS FINITI MACIN MACIN MARIO ARCÓN I	DICA MATA DITI 1000 HA HA HA M
Principal Place	e of Business	Mailing Address			Beird ward diet 1800 isht indi
3575 WEBBER	STREET	3575 WEBBER STREET		· ·	
SUITE 103 SUITE 103				DO NOT WRITE IN THIS	CDACE
SARASOTA FL 34239 SARASOTA FL 34239				3. Date Incorporated or Qualifed	SPACE
				06/12/1998	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3516575	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Into	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered	Agent
AME	RALAWYER			EL SCHLOSSER	
343 ALMERIA AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83 4910	AVON LANE	
-			SARAS	OTA. FL 34238	
			84 City	FI	85 Zip Code
44 Dumusal	to the provinces of Sections 607.050	2 and 607 1509. Florida Statutos	the above named com		changing its registered
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 objigations of, Section 607.0505, Florida Statutes.					
	m ramiliar with, and accept the obligate GAbriel Sch los	ssee Section 607.0505, Florid			
SIGNATURE	Signature, typed or printed name of registered agen	nt and little if applicable (NOT) R	egistered Agent-earlying require	d when re-instaling) OATE	11
12.		ID DIRECTORS	ex Shell	A LADONTIONS/CHANGES 30 PROPERS AN	D DIRECTORS IN 12
TITUE	D	DELEJE	1.1 TILE	7/1/	☐ Change ☐ Addition €
NAME	FOLZ, SALLY A		1.2 NAME		2
STREET ADDRESS	3575 WEBBER STREET		1.3 STREET ADDRESS		\ <u>G</u>
CITY-ST-ZIP	SARASOTA FL 34239		14 CITY-ST-ZIP		}
TITLE	SD	DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME	FOLZ, WILLIAM D		2.2 NAME	0000029022	2 (C) (C)
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CITY-ST-ZIP			2.3 STREET ADDRESS	-06/11/9901	073025
TYLE	SARASOTA FL 34239	□ Actions	2.4 CiTY-ST-ZIP	-06/11/9901 ****1S0.00	073025 ****150.00
NAME	SARASUTA FL 34239	☐ DELETE	2.4 CFTY-ST-ZIP 31 TITLE	-06/11/9901	073025
	SARASUTA FL 34239	☐ DELETE	2.4 Crty-St-ZIP 31 TITLE 32 NAME	-06/11/9901	073025 ****150.00
STREET ADDRESS	SANASUTA FL 34239	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	-06/11/9901	073025 ****150.00
STREET ADDRESS	SANASUTA FL 34239	_	2 4 C/TY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 C/TY-ST-ZIP	-06/11/9901	(173025 ****15(1,00 □Change □Addition
STREET ADDRESS CITY-ST-ZIP	SANASUTA FL 34239	☐ DELETE	2 4 C/TY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 C/TY-ST-ZIP 41 TITLE	-06/11/9901	073025 ****150.00
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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)(1). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chargled, or on an attagment with an endress, with all other like empowered.

SIGNATURE:

SALLY A. Fol. 2

941-971-7716

SIGNATURE AND TYPED OR PRINTED NAME PISIGNING OFFICER OR ORECTOR

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