SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 16, 1999 8:00 am
Secretary of State
07-16-1999 90017 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000065313

1. Corporation Name
AUTOGRAPHICALLY YOURS, INC.

Principal Place of Business	Mailing Address
4635 N US ONE MELBOURNE FL 32835	4635 N US ONE MELBOURNE FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1998

4. FEI Number: 59-3525536 ☐ 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.* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HELLEBRAND, THOMAS
4635 N US ONE
MELBOURNE FL 32835

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELLEBRAND, THOMAS		1.2 NAME	
STREET ADDRESS	4635 N US ONE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32835		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HELLEBRAND, DONNA		2.2 NAME	
STREET ADDRESS	4635 N US ONE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32835		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: THOMAS HELLEBRAND 7/05/99 407-253-0602

590019-90017-25

P98000065313

AUTOGRAPHICALLY YOURS

4736 N. HARBOR CITY BLVD
MELBOURNE FLA 32940
USA

Phone 253-0632
Fax 407-253-0632

July 06, 1999

HELLO I JUST GOT OFF THE PHONE WITH ONE OF YOUR EMPLOYEE'S & TOLD HER THAT THE LARGE FLA DEPT OF STATE 2ND NOTICE WAS THE FIRST THAT I RECEIVED. THE ADDRESS WAS CORRECT BUT THE ZIP CODE OF 32935-7203. MUST HAVE CAUSED THE ORIGINAL NOTICE NOT TO BE DELIVERED. THIS IS MY FIRST REPRT TO DO, & AM A VERY SMALL COMPANY, JUST ME & MY WIFE. YOUR EMPLOYEE HAS TOLD ME TO SEND A CHECK FOR $150.00 RIGHT AWAY, & MAIL IT ASAP. THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING..ON THIS MATTER.
DOCUMENT # P98000065313

"AGAIN PLEASE NOTE, MY FIRST NOTICE WAS NEVER RECIEVED" THANKS

THOMAS HELLEBRAND