

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90099 031 ***150.00

DOCUMENT # P98000073569

1. Corporation Name

FAIRY TALES OF CASSELBERRY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1472 SEMORAN BOULEVARD
CASSELBERRY FL 32707

Mailing Address
5260 WEST IRLO BRONSON HIGHWAY
SUITE 118-120
KISSIMMEE FL 34746

3. Date Incorporated or Qualified

08/24/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3528873

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

MICHAEL JONES, ESQUIRE

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

7652 ASHLEY COURT PARK COURT

83

SUITE 300

84 City

ORLANDO

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

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

MICHAEL B JONES

DATE

4/8/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PSTD
WRIGHT, MALCOLM J
STREET ADDRESS
1472 SEMORAN BOULEVARD
CITY-ST-ZIP
CASSELBERRY FL 32707

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VD
WRIGHT, GILLIAN M
STREET ADDRESS
1472 SEMORAN BOULEVARD
CITY-ST-ZIP
CASSELBERRY FL 32707

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED 28/99

407-396-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)