

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90039 046 ***150.00

DOCUMENT # P98000073799

1. Corporation Name

TOTAL RECALL CONCEPTS, INC.



Principal Place of Business

3104 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

3104 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

2. Principal Place of Business

21 3306 Sawgrass Village Cir

Suite, Apt. #, etc.

22

City & State

23 Ponte Vedra Beach, FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 3306 Sawgrass Village Cir

Suite, Apt. #, etc.

27

City & State

28 Ponte Vedra Beach, FL

Zip

29 32082

Country

30 USA

4. FEI Number

59-3552972

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

HALSEY, DAVID L
109 REGENTS PLACE
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

GLORIA COCCO

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

5 TENTH STREET

83

84 City

ATLANTIC BEACH

FL

85 Zip Code

32233

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HALSEY, DAVID L
STREET ADDRESS 109 REGENTS PLACE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☒ DELETE

NAME GIANVANO, BRACCUS
STREET ADDRESS 318 TARRASA DR
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☐ Change ☒ Addition

1.2 NAME GLORIA COCCO
1.3 STREET ADDRESS 5 TENTH STREET
1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

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:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

4/30/99

CR2E034 (11/98)

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