

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90102 006 ***150.00

DOCUMENT # P98000082061

1. Corporation Name

OCCASIONS EVENT PLANNING SPECIALISTS, INC.

Principal Place of Business

1810 SYLVAN PT. DR.
MT. DORA FL 32757

Mailing Address

1810 SYLVAN PT. DR.
MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

EIN 59-3532705

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

21 747 Sunrise Dr.

Suite, Apt. #, etc.

22

23 Eustis, FL

Zip

24 32726

Country

25 USA

2a. Mailing Address

26 P.O. Box 425

Suite, Apt. #, etc.

27

28 Mount Dora, FL

Zip

29 32756

Country

30 USA

9. Name and Address of Current Registered Agent

CREAMONS, LINDA
1810 SYLVAN PT. DR.
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name Lisa R. Chapman

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

83 747 Sunrise Dr.

84 City Eustis

FL

85 Zip Code 32726

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]

Lisa R. Chapman

4/8/99

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 CHAPMAN, LISA
STREET ADDRESS 34120 PARKVIEW AVE.
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☒ DELETE

NAME CREAMONS, LINDA
STREET ADDRESS 1810 SYLVAN PT. DR.
CITY-ST-ZIP MT. DORA FL 32757

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 D/P ☒ Change ☐ Addition

1.2 NAME Chapman, Lisa
1.3 STREET ADDRESS 747 Sunrise Dr.
1.4 CITY-ST-ZIP Eustis, FL 32726

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)