


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90133 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000084245**

1. Corporation Name  
**EVERYTHING SCRAPBOOK, INC.**

Principal Place of Business  
**14536 96TH LANE NORTH  
WEST PALM BEACH FL 33412**

Mailing Address  
**14536 96TH LANE NORTH  
WEST PALM BEACH FL 33412**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1998**

4. FEI Number  
**65-0865047**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
21 **9585 Southern Blvd.**

2a. Mailing Address  
26 **9585 Southern Blvd.**

Suite, Apt. #, etc.  
22 **Suite 6**

Suite, Apt. #, etc.  
27 **Suite 6**

City & State  
23 **Royal Palm Beach**

City & State  
28 **Royal Palm Beach**

Zip Country  
24 **33411** 25 **USA**

Zip Country  
29 **33411** 30 **USA**

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

**FINANCIAL FOUNDATIONS, INC.  
7800 113TH ST., NO. 203  
SEMINOLE FL 33772**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**  
NAME **VARNELL, BEATRIZ**  
STREET ADDRESS **14536 96TH LANE NORTH**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE **V**  
1.2 NAME **Richard M. Varnell**  
1.3 STREET ADDRESS **14536 96th Lane North**  
1.4 CITY-ST-ZIP **West Palm Beach, FL 33412**

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

**Beatriz Varnell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)