Applied For

Not Applicable

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

DOCUMENT # P98000090367

1. Corporation Name

PRECIOUS MOMENTS PHOTOGRAPHY, INC.

Principal	Place	of	Business

2. Principal Place of Business

Mailing Address

16207 LAKE HEAD CT **TAMPA FL 33618**

P O BOX 24674 **TAMPA FL 33623**

2a. Mailing Address

26

May 06, 1999 8:00 am Secretary of State

05-06-1999 90278 002 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/22/1998

4. FEI Number

Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	R.	\$8.75 A		
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
23		28	Cour						U Lees	
Zip 24	Country 25	Zip Country 30			This corporation owes the curre Personal Property Tax.		☐ Yes	₩o		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	egistered A	gent		
***				81	Name					
RIVERA-MORALES, ALLISON 16207 LAKE HEAD CT TAMPA FL 33618			-	82 Street Address (P.O. Box Number is Not Acceptable)						
				302 Street Address (C.O. Dox raditiber is not Acceptable)						
			ļ	83						
			Ĺ							
			84	City		FL	FL 85 Zip Code			
office or re agent. I an SIGNATURE	egistered agent, or both, in the State on the state on the state of the obligation o	f Florida. Such change was ons of, Section 607.0505, F	authorized Iorida Statu	by ti ites.	ne corporatio	oration submits this statement for the parts board of directors. I hereby accept accept the parts of the part	ourpose of o	hanging its tment as re	registered gistered	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Affent	agriature require	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	OFFICERS AND	DELETE	1,1 717	ı F		MITE DIOR dent		Change	Addition	
			1.2 NA		1	HICAN BLUDYA-MORALES			_ [
NAME .					ADDRESS /	and la valend Ct				
STREET ADDRESS					WUNESS /C				ļ	
CITY-ST-ZIP		☐ DELETE	1.4 CIT		ZIP	HISON RIVEYA-MORALES 1207 Lakehead Ct Tampa FL 33618		Change	Addition	
TITLE		☐ DELETE	2.1 TIT		-					
NAME			2.2 NA							
STREET ADDRESS			2.3 STI	REET/	ADDRESS	•				
CITY-ST-ZIP			2. 4 CT		-ZIP			Change	Addition	
TITLE		☐ DELETÉ	3.1 TIT		}			Change		
NAME			3.2 NA	ME					ļ	
STREET ADORESS			3.3 STI	REET	ADDRESS					
CITY-ST-ZIP			3.4. Cr		-ZIP			[] Observe	CT Addition	
TITLE		☐ DELETE	4.1 TIT	ΓĒ				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DEL£TE	5.1 TIT	LE				☐ Change	☐ Addition	
NAME			5.2 NA	ME					ł	
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP		····			
TITLE		☐ DELETE	6.1 TIT	LE				☐ Change	☐ Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-ST	-ZIP					
14. I hereby o	ertify that the information supplied with	this filing does not qualify	for the exer	nptic	on stated in S	Section 119.07(3)(i), Florida Statutes. I	further certi	fy that the i	nformation	

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 are 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.