## 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 # P98000102917

1. Corporation Name

CUSTOM TEE'S AND SOUVENIRS, INC.

Principal Place of Business Mailing Address							II EDIB†    DII BDI	10 tiene maner ti	1811 (881 (881
12221 NW 35 STREET		12221 NW 35 STREET							
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			DO NOT WR	ITE IN TUIC	SDACE		
						3. Date Incorporated or Qualifed			
						12/08/1998			1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21	lace of Business	26				65-087492	9	<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		· · · · · · ·			/	\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	I	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	28	_			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	1		8. This corporation owes the cur			_
24	25	29 30	<u> </u>			Personal Property Tax.		₹	□No
	9. Name and Address of Curren	t Registered Agent	<del></del>	1		10. Name and Address of New	Registered A	gent	
MAGG	VIONETIAN DIMINIS		81	Name					
MASSIMINO, ANTHONY 12221 NW 35 STREET			82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
	AL SPRINGS FL 33065			ļ					
CON	AL OF THINGS I E 33000		83						ĺ
			84	City			FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named compration 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.									gistered
SIGNATURE							DATE		\
12.	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	13.	nt signature	requirea v	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
TITLE	D OFFICERS AN	DELETE	1,1 TITLE		Т	ADDITIONS/OFFARGES TO G	TIOLITO ATT	Change	Addition
NAME	MASSIMINO, ANTHONY	<b>_</b>	1.2 NAME						_
STREET ADDRESS	ACCOUNT AND OF OTDEET		1.3 STREET	T ADDRESS					1
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-S						
TITLE		☐ DELETE	2.1 TITLE	1-211	1			Change	Addition
NAME			2.2 NAME		İ				_
STREET ADDRESS			2.3 STREET	ADORESS		_			
CITY-ST-ZIP		,	2.4 CITY-5		\ \			*	\
TITLE		☐ DELETE	3.1 TITLE		† · · · ·			Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	TADORESS					1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
	1		62 NAME		1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90209 035 \*\*\*150.00