


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

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

05-07-1999 90147 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S41772**  
 1. Corporation Name  
**PHOTO SCAR EVALUATION CO., INC.**

Principal Place of Business  
 5215 NW 33RD AVE  
 FT LAUDERDALE FL 33309  
 US

Mailing Address  
 2155 NW 114 TERR  
 CORAL SPRINGS FL 33071  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 496 NW 118 Ave  
 Suite, Apt. #, etc.  
 27 Coral Springs FL  
 City & State  
 28 33071 USA  
 Zip Country

3. Date Incorporated or Qualified  
**03/28/1991**

4. FEI Number  
**65-0252607**

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  
**SIROTA, BRIAN**  
**2155 NW 114 TERR**  
**CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent  
 81 Name **Sirota, Brian**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**496 NW 118 Ave**  
 83 **Coral, Springs**  
 84 City **FL** 85 Zip Code **33071**

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 *Brian E. Sirota* **BRIAN E. SIROTA** **4/25/99**  
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	<input type="checkbox"/> DELETE
NAME	SIROTA, BRIAN	
STREET ADDRESS	2155 NW 114 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SIROTA, BARBARA	
STREET ADDRESS	832 SUNRISE BLVD	
CITY-ST-ZIP	FORKED RIVER NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian Sirota	
1.3 STREET ADDRESS	496 NW 118 Ave	
1.4 CITY-ST-ZIP	Coral Springs FL 33071	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rocio Sirota	
2.3 STREET ADDRESS	496 NW 118 Ave	
2.4 CITY-ST-ZIP	Coral Springs FL 33071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brian E. Sirota* **4/25/99** **(954) 346-3641**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #