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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|  | 1997  | D. T. C.                                | DIVISION OF                       | CORPORA                    | TIONS             |  | 50010                     | itai y                | or St                       | .atC                                    |
|--|---|---|-----------------------------------|----------------------------|-------------------|--|---------------------------|-----------------------|-----------------------------|---|
|  | MENT # VOO27  MEMORIES, INC.  | 1                                       | (9)                               |                            |                   | 1100   | I PUNTU NAUK NAMA KIRU II | Irri inaj gluti bigli | ANDIO MONTALLIA             | (Mai thei                               |
| ENTER STATE OF THE | 100   | <b></b>                                 | A.11                              |                            |                   |  |                           |                       |                             |   |
| Principal Place of Business Mailing Address P.O. BOX 692372 P.O. BOX 692372  |   |   |                                   |                            |                   |  | , 500                     | 201 1101 21011 21211  |                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ORLANDO FL   |   | ORLAND                                  | ORLANDO FL 32869-2372             |                            |                   |  |                           |                       |                             |   |
| US   |   | U\$                                     |                                   |                            |                   |  | Incorporated or Qua       |                       | Date of Last Re<br>/01/1996 | eport .                                 |
| 2. Principal F   | lace of Business  | 2a. Ma                                  | 2a. Mailing Address               |                            |                   |  | lumber                    |                       | Ap                          | plied For                               |
| 21 Suite, Apt  | # olc   | 26                                      | te, Apt. #, etc.                  |                            |                   | 59-  | 3104526                   | ·····                 | <del></del>                 | ol Applicable                           |
| 22   | #, CIU.   | 27                                      | ie, Apr. #, eic.                  |                            |                   | 5. Certif  | ficate of Status Desire   | ed 🗆                  | \$8.75 /<br>Fee Re          |   |
| Cily & Stat  | le:   |   | / & State                         |                            |                   | 6. Electi  | ion Campaign Financ       | oing                  | \$5.00                      | May Be                                  |
| 23   |   | 28                                      |                                   | <del></del>                |                   | <del></del>  | Fund Contribution         |                       | Added t                     | to Fees                                 |
| Zip  | Country   |   | Zip                               |                            | try               | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No |                           |                       |                             |   |
| 24   | 25<br>9. Name and Address of Curi   | 29 rent Registere                       | d Agent                           | 30                         | <del></del>       |  | e and Address of N        |                       |                             |   |
| MYE  | RS, GREGORY   | *************************************** |                                   | 1                          | Name              | · [1]  |                           |                       | - T                         |   |
| 1165   | SO PEACHSTONE LN  |   |                                   | - 1                        | Street A          | ddress (P.O. Bo  | ox Number is Not Acc      | ceptable)             |                             |   |
| ORL  | ANDO FL 32821   |   |                                   |                            |                   | · · · · · · · · · · · · · · · · · · ·  |                           |                       | ·                           | · · · · · · · · · · · · · · · · · · ·   |
|  |   |   |                                   | 1                          | 13                |  |                           |                       |                             |   |
|  |   |   |                                   | Ţ                          | City              | <del></del>  |                           | FL                    | 85 Zip (                    | Code                                    |
| 11. Pursuant   | to the provisions of Sections 607.0   | 502 and 607.1                           | 508, Florida Statu                | ites, the abo              | ove-named o       | corporation sub  | mits this statement fo    | or the purpose        | of changing it              | s registered                            |
| office or a<br>agent 1 a   | to the provisions of Sections 607.0<br>registered agent, or both, in the Starn familiar with, and accept the ob | ate of Florida. S                       | Such change was ction 607,0505. F | authorized<br>lorida Statu | by the corpo      | oration's board  | of directors. I hereby    | accept the ap         | pointment as                | registered                              |
| SIGNATURE  |   |   |                                   |                            |                   |  | ,                         |                       |                             | Î                                       |
|  | Signature typed or printed name of registered   |   | *******                           |                            | Agent signature n | equired when reinstat  |                           | DATE                  |                             |   |
| 12.<br>Til: f  | OFFICERS A  | AND DIRECTO                             | AS DELETE                         | 13.                        | . 1               | ADDIT  | IONS/CHANGES TO           | OFFICERS AN           | D DIRECTOR  Change          | IS IN 12 Addition                       |
| NAME   | MYERS, GREGORY  |   | In Deterio                        | 1.2 NAM                    |                   |  |                           |                       | C Change                    | roomen                                  |
| STREET ADDRESS   | 11659 PEACHSTONE LN   |   |                                   |                            | EET ADDRESS       |  |                           |                       |                             |   |
| CITY - \$1 - ZIP   | ORLANDO FL  |   |                                   | 1.4 CITY                   | - ST - ZIP        | •  |                           |                       |                             |   |
| TITLE  | VSD   |   | DELETE                            | 2.1 TITL                   | E                 |  |                           | ··· =:                | Change                      | Addition                                |
| NAME   | MYERS, JUANITA  |   |                                   | 2.2 NAN                    | IE }              |  |                           |                       |                             |   |
| STREET ADDRESS   | 11859 PEACHSTONE LN   |   |                                   | 2.3 STR                    | EET ADDRESS       | 4.00   |                           |                       |                             |   |
| C:TY-ST-7IP  | ORLANDO FL  | ····                                    | DELETE                            |                            | Y-ST-ZIP          | <del> </del>   |                           |                       | Change                      | Addition                                |
| TOLE   |   |   | ☐ OFFEIR                          | 3.1 T(T)                   |                   |  |                           | at .                  | LI Change                   | Addition                                |
| NAME<br>STREET ADDRESS   |   |   |                                   | 3.2 NAN                    | EET ADDRESS       |  |                           |                       |                             |   |
| CHY-ST-ZIP   |   |   |                                   |                            | Y-ST-ZIP          |  | *.                        |                       |                             | 1                                       |
| THLE   |   |   | DELETE                            | 4.1 TITL                   |                   |  | errina.                   |                       | Change                      | Addition                                |
| NAME   |   |   |                                   | 4. 2 NAI                   | ME                |  |                           |                       |                             |   |
| STREET ADDRESS   |   |   |                                   | 4.3 STR                    | EET ADDRESS       |  |                           |                       |                             |   |
| CHY-ST-ZIP   |   |   | OFFETE                            |                            | - ST-ZIP          |  |                           | <del></del>           | Change                      | 1 delition                              |
| TITLE  |   |   | DELETE                            | 5.1 TITL<br>5.2 NAM        |                   |  |                           |                       | Change                      | Addition !                              |
| NAME<br>STREET ADORESS   |   |   |                                   |                            | EET ADDRESS       |  | ٠                         |                       |                             |   |
| CITY-ST-ZIP  |   |   |                                   |                            | -ST-ZIP           |  |                           | •                     |                             |   |
| 711(F  |   |   | DELETE                            | 6.1 TITL                   |                   | <del>, , , , , , , , , , , , , , , , , , , </del>  |                           |                       | Change                      | Addition                                |
| NAMŕ   |   |   |                                   | 6.2 NAN                    | fE                |  |                           |                       |                             | l                                       |
| STREET ADDRESS   |   |   |                                   | 63 STR                     | EET ADDRESS       |  |                           |                       |                             |   |

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

**SIGNATURE** 

**FILED** 

May 08 1997 8:00am

Secretary of State