

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H74013

(4)

1. Corporation Name

PICTURE DEPOT, INC.

FILED
 1995 AUG -3 AM 9:18
 TALLAHASSEE, FLORIDA

Principal Place of Business

143 1/2 N. CONGRESS AVE.
 BOYNTON BEACH FL 33426

Mailing Address

143 1/2 N. CONGRESS AVE.
 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1985** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2570282** Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

3100 South Congress Ave

2a. Mailing Address

3100 South Congress Ave

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

Boynton Beach, FL

28 City & State

Boynton Beach, FL

24 Zip

25 Country

USA

28 Zip

30 Country

USA

9. Name and Address of Current Registered Agent

**MEYER, GERALD
 21301 SAWMILL COURT
 BOCA RATON FL 33488**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **MEYER, GERALD**
 STREET ADDRESS **21301 SAWMILL COURT**
 CITY - ST - ZIP **BOCA RATON FL**

TITLE **VP**
 NAME **MEYER, LOUISE**
 STREET ADDRESS **21301 SAWMILL COURT**
 CITY - ST - ZIP **BOCA RATON FL**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Gerald Meyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Meyer (407) 364-7868

Date

My/His/Her Name