

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 22, 1996 08:00 AM
Secretary of State

DOCUMENT # **N33791** (7)

1. Corporation Name

PALM BEACH PHOTOGRAPHIC WORKSHOPS, INC.



Principal Place of Business

Mailing Address

**2310 E SILVER PALM ROAD
BOCA RATON FL 33432**

**2310 E SILVER PALM ROAD
BOCA RATON FL 33432**

3. Date Incorporated or Qualified
08/18/1989

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **66 N.E. 2ND AVE**

26 **66 N.E. 2ND AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **DELRAY BEACH, FL**

City & State

28 **DELRAY BEACH, FL**

Zip

Country

Zip

Country

24 **33444**

25

29 **33444**

30

4. FEI Number

59-2801420

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEJAME, FATIMA
2310 E SILVER PALM RD.
BOCA RATON FL 33432**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEJAME, ARTHUR	
STREET ADDRESS	2310 E SILVER PALM RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEJAME, FATIMA	
STREET ADDRESS	2310 E SILVER PALM RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTNEY, THOMAS L	
STREET ADDRESS	620 S. LAKE DR.	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCVAY, JAN	
STREET ADDRESS	1281 ROYAL PALM WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRANKEL, FRED	
STREET ADDRESS	6853 SW 18 ST #209	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NORMAN, JAMES	
STREET ADDRESS	300 E BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FATIMA NEJAME

3/18/96 (407) 276-9797

Date

Daytime Phone

CR2E037 (12/95)