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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N33791 (7)

1. Corporation Name

PALM BEACH PHOTOGRAPHIC CENTRE, INC.

Principal Place of Business	Mailing Address
55 N.E. 2ND AVE DELRAY BEACH FL 33444 US	55 N. E. 2ND AVE. DELRAY BEACH FL 33444-3701 US

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 55 N.E. 2ND AVE.

84 City DELRAY BEACH FL 85 Zip Code 33444

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 F Nejame FATIMA NEJAME - PRESIDENT 4/23/97
Signature typed or printed name of registered agent and title 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	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NEJAME, ARTHUR		1.2 NAME	FLOYD SEGEL	
STREET ADDRESS	2310 E SILVER PALM RD.		1.3 STREET ADDRESS	231 BRADLEY PLACE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	PALM BEACH, FL. 33480	
TITLE	PD	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NEJAME, FATIMA		2.2 NAME	DANDY SIMON	
STREET ADDRESS	2310 E SILVER PALM RD.		2.3 STREET ADDRESS	555 S. FEDERAL HWY. A	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MCCARTNEY, THOMAS L		3.2 NAME	ARTHUR STEINMAN	
STREET ADDRESS	620 S. LAKE DR.		3.3 STREET ADDRESS	5951 WELLESLEY PARK DR #707	
CITY-ST-ZIP	LANTANA FL		3.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MCVAY, JAN		4.2 NAME	MARJORIE MARGOLIS	
STREET ADDRESS	1281 ROYAL PALM WAY		4.3 STREET ADDRESS	608 BANYAN TER.	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL. 33431	
TITLE	CD	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FRANKEL, FRED		5.2 NAME	DR. JAY ALPERIN	
STREET ADDRESS	6853 SW 18 ST #209		5.3 STREET ADDRESS	3130 LONDON BLVD.	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN, JAMES		6.2 NAME		
STREET ADDRESS	300 E BROWARD BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F Nejame FATIMA NEJAME PRESIDENT 4/23/97 (561) 276-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043104

EXAMINED AND APPROVED