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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33791
 1. Corporation Name
PALM BEACH PHOTOGRAPHIC CENTRE, INC.

Principal Place of Business 55 N.E. 2ND AVE DELRAY BEACH FL 33444 US	Mailing Address 55 N. E. 2ND AVE. DELRAY BEACH FL 33444 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2801420
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NEJAME, FATIMA 55 N.E. 2ND AVE. DELRAY BEACH FL 33444	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
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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 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 <input type="checkbox"/> DELETE	NAME NEJAME, ARTHUR	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NEJAME, ARTHUR
STREET ADDRESS 2310 E SILVER PALM RD.	CITY-ST-ZIP BOCA RATON FL	1.2 NAME	2310 E SILVER PALM RD
TITLE PD <input type="checkbox"/> DELETE	NAME NEJAME, FATIMA	1.3 STREET ADDRESS	BOCA RATON, FL
STREET ADDRESS 2310 E SILVER PALM RD.	CITY-ST-ZIP BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME SEGEL, FLOYD	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SEGEL, FLOYD
STREET ADDRESS 231 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	2.2 NAME	2310 E SILVER PALM RD
TITLE D <input type="checkbox"/> DELETE	NAME MCVAY, JAN	2.3 STREET ADDRESS	BOCA RATON, FL
STREET ADDRESS 1281 ROYAL PALM WAY	CITY-ST-ZIP BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE CD <input type="checkbox"/> DELETE	NAME FRANKEL, FRED	3.1 TITLE DY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SEGEL, FLOYD
STREET ADDRESS 6853 SW 18 ST #209	CITY-ST-ZIP BOCA RATON FL	3.2 NAME	231 BRADLEY PLACE
TITLE SD <input type="checkbox"/> DELETE	NAME NORMAN, JAMES	3.3 STREET ADDRESS	PALM BEACH, FL
STREET ADDRESS 300 E BROWARD BLVD	CITY-ST-ZIP FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	ADDITIONAL LIST ATTACHED

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 617, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4-29-99 DAYTIME PHONE #: 561/276-9797

CR2E037 (1/198)

544988-90034-6
N33791

PALM BEACH PHOTOGRAPHIC CENTRE, INC.

ADDITIONAL DIRECTORS:

Title D
Name ALPERIN, JAY
Street Address 3130 LOWSON BLVD
City-St-Zip DELRAY BEACH, FL 33445

Title D
Name ARVIDSON, PHIL
Street Address 7305 GARDEN ROAD
City-St-Zip RIVIERA BEACH, FL 33404

Title D
Name GREENE, MICHAEL S.
Street Address 9610 SEA TURTLE DRIVE -
City-St-Zip PLANTATION, FL 33324

Title D
Name MITCHELL, TRUDI
Street Address 750 PINE CHASE COURT
City-St-Zip WELLINGTON, FL 33414

Title D
Name SIMON, ALEXANDER
Street Address 555 S. FEDERAL HWY
City-St-Zip DELRAY BEACH, FL 33483

Title D
Name WALTER, KEN
Street Address 2751 SOUTH DIXIE HWY
City-St-Zip WEST PALM BEACH, FL 33416

Title D
Name KRAVIT, MICHAEL
Street Address 1200 N FEDERAL HWY, SUITE 215
City-St-Zip BOCA RATON, FL 33432

