## ---2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # N33791 04-23-2004 90238 026 \*\*\*\*61.25 PALM BEACH PHOTOGRAPHIC CENTRE. INC. Principal Place of Business Mailing Address 55 N.E. 2ND AVE 55 N. E. 2ND AVE. DELRAY BEACH, FL 33444 US DELRAY BEACH, FL 33444 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E037 (10/03) Chg-NP \$ 5, City & State 15 City & State 4. FEI Number 59-2801420 Applied For Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEJAME, FATIMA Street Address (P.O. Box Number is Not Acceptable) 55 N.E. 2ND AVE. DELRAY BEACH, FL 33444 City - -Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 1,53 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE KATIE DEITS Change NEJAME, ARTHUR NAME NAME 2751 S. DixIE Hury STREET ADDRESS 2310 E SILVER PALM RD. STREET ADDRESS WPB, FL . 3344 4 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITLE Change MICHAEL GREENE STE. 400 NEJAME, FATIMA NAME NAME STREET ADDRESS 2310 E SILVER PALM RD. STREET ADDRESS WPB, FL. 33401 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE D ☐ Delete TITLE F JOAN GOIDBERG ☐ Change MCVAY, JAN NAME NAME 12215 174 CT N 1281 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS JUPITER, FL. 33478 City-ST-ZiP BOCA RATON, FL CITY-ST-ZIP TITLE ☐ Delete DIRECTOR TITLE ☐ Change Addition BROWN, CHRISTOPHER J NAME NAME SAM LEDER 6530 W ROGERS CIR. #31 BOCA RATON, FL. 33487 218 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP TITLE ☐ Delete DIRECTO R TITLE ☐ Change THERESEM SHEHAN NAME NEWBURGH, STEVEN SLOAN NAME 72 SE 6Th Ave STREET ADDRESS 777 S. FLAGLER DRIVE STREET ADDRESS CITY-ST-7P WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE RUSSELL, BETH NAME NAME STREET ADDRESS 2751 S. DIXIE HIGHWAY STREET ADDRESS

**FILED** 

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (561) 276-

CITY-ST-ZIP

WEST PALM BEACH, FL 33405

SIGNATURE: FATIMA NETAME SIGNATURE AND TYPED OR PRINTED NAME OF SIGN