

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

DOCUMENT # N94000000547 (9)

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1710
FT. MYERS FL 33902

POST OFFICE BOX 1710
FT. MYERS FL 33902

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0457199

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

**ANDERSON, HENRY
2219 FIRST ST
FT. MYERS FL 33902**

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 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	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, HENRY	
STREET ADDRESS	3790 FT. KEIS	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANDFORD, JOHN L JR.	
STREET ADDRESS	6900 DANIELS PKWY. STE. 15	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMPSON, OSCAR	
STREET ADDRESS	18120 OLD BAYSHORE ROAD	
CITY-ST-ZIP	N. FRT. MYERS FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SALE, EDIE	
STREET ADDRESS	2042 STELLE STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMON, RALPH	
STREET ADDRESS	2307 SUNRISE BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRUSSEY, KAREN	
STREET ADDRESS	14330 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL 33907	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFF JODICE
2.3 STREET ADDRESS	4020 SW 2nd Place
2.4 CITY-ST-ZIP	Cape Coral, FL 33914
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DODIE JODICE
4.3 STREET ADDRESS	4020 SW 2nd Place
4.4 CITY-ST-ZIP	Cape Coral, FL 33914
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sam Johnson
6.3 STREET ADDRESS	3817 Kelly Street
6.4 CITY-ST-ZIP	Ft Myers, FL 33901

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (941) 675 3163
Date Daytime Phone #

CR2E037 (12/95)