

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N9400000547 (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 33902-1710

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
05/01/1996

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

\$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

JEFF JODICE

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

4020 SW 2nd Place

83

84 City

Cape Coral

FL

85 Zip Code

33914

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2-2-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, HENRY
STREET ADDRESS 3790 FT. KEIS
CITY-ST-ZIP LABELLE FL DELETE

1.1 TITLE P
1.2 NAME JEFF JODICE Change Addition
1.3 STREET ADDRESS 4020 SW 2nd Place
1.4 CITY-ST-ZIP Cape Coral FL 33914

TITLE VD
NAME SANDFORD, JOHN L JR.
STREET ADDRESS 6900 DANIELS PKWY. STE. 15
CITY-ST-ZIP FORT MYERS FL 33912 DELETE

2.1 TITLE V
2.2 NAME SARA TIMMONS Change Addition
2.3 STREET ADDRESS 15116 Royalfeen Ct B201
2.4 CITY-ST-ZIP Naples Fla 34110

TITLE TD
NAME THOMPSON, OSCAR
STREET ADDRESS 18120 OLD BAYSHORE ROAD
CITY-ST-ZIP N. FRT. MYERS FL 33917 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE SD
NAME SALE, EDIE
STREET ADDRESS 2042 STELLE STREET
CITY-ST-ZIP FORT MYERS FL 33901 DELETE

4.1 TITLE S
4.2 NAME SAM JOHNSON Change Addition
4.3 STREET ADDRESS 3817 Kelly St.
4.4 CITY-ST-ZIP Ft Myers Fla 33901

TITLE D
NAME SOLOMON, RALPH
STREET ADDRESS 2307 SUNRISE BLVD.
CITY-ST-ZIP FT. MYERS FL 33907 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE D
NAME PRUSSEY, KAREN
STREET ADDRESS 14330 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL 33907 DELETE

6.1 TITLE D
6.2 NAME JUAN MESA Change Addition
6.3 STREET ADDRESS 4724-B GoldenGate Pkwy.
6.4 CITY-ST-ZIP Naples, Fla 34116

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

941-574-1200

CR2E037 (9/96)