


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000547 (9)**  
1. Corporation Name  
**PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business <b>POST OFFICE BOX 1710 FT. MYERS FL 33902</b>	Mailing Address <b>POST OFFICE BOX 1710 FT. MYERS FL 33902</b>
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3. Date Incorporated or Qualified  
**02/04/1994**

4. FEI Number  
**65-0457199**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JODICE, JEFF  
4020 SW 2ND PLACE  
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JODICE, JEFF</b>	1.2 NAME	
STREET ADDRESS	<b>4020 SW 2ND PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMONS, SARA</b>	2.2 NAME	
STREET ADDRESS	<b>15116 ROYALFERN CT B201</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, OSCAR</b>	3.2 NAME	
STREET ADDRESS	<b>18120 OLD BAYSHORE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FRT. MYERS FL 33917</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SAM</b>	4.2 NAME	
STREET ADDRESS	<b>3817 KELLY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, RALPH</b>	5.2 NAME	
STREET ADDRESS	<b>2307 SUNRISE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESA, JUAN</b>	6.2 NAME	
STREET ADDRESS	<b>4724-B GOLDEN GATE PKWY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

*Solomon, Ralph*  
17440 Braddock Rd.  
FT. MYERS FL 33912

*Paul Forman*  
1630 Sunkist Way  
FT. MYERS, FL 33905

*Henry Anderson*  
3790 Ft. Keis  
Naples, FL 33935

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ralph D. Solomon* 4/14/98 941-466-1511

CR2E037 (10/97)