

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 007 ***109.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000000547**

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



* 610355 - 90004 - /

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0457199	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JODICE, JEFF 4020 SW 2ND PLACE CAPE CORAL FL 33914				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODICE, JEFF	1.2 NAME	Timmons, SARA
STREET ADDRESS	4020 SW 2ND PLACE	1.3 STREET ADDRESS	15116 Royalfern Ct B201
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Naples Fla.
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Charilyn Macera <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, SARA	2.2 NAME	Charilyn Macera
STREET ADDRESS	15116 ROYALFERN CT B201	2.3 STREET ADDRESS	419 Santa Barbara Blvd
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Cape Coral Fla 33991
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Samuel Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMAN, RALPH	3.2 NAME	Samuel Johnson
STREET ADDRESS	17440 BRADDOCK RD	3.3 STREET ADDRESS	3817 Kelly St.
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	Fort Myers Fla. 33901
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Samuel Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SAM	4.2 NAME	Samuel Johnson
STREET ADDRESS	3817 KELLY ST	4.3 STREET ADDRESS	12065 Metro PKW
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers Fla. 33912
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, PAUL	5.2 NAME	
STREET ADDRESS	1830 SUNKIST WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33905	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HENRY	6.2 NAME	
STREET ADDRESS	3790 FT KEYS	6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	6.4 CITY-ST-ZIP	

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: _____ DATE: 08-20-99 DAYTIME PHONE #: 941-936-8600

000829 CR2E037 (5/99)