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Jul 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002033 ✓
 1. Corporation Name
PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business C/O WATERS, VIRGINIA 515 MARION ST LAKE CITY FL 32025 US	Mailing Address C/O WATERS, VIRGINIA 515 S MARION ST LAKE CITY FL 32025 US
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2. Principal Place of Business 21 515 S. MARION ST Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/26/1994
22 LAKE CITY FL City & State	27 City & State	4. FEI Number 59-3249355 Applied For Not Applicable
23 32025 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WATERS, VIRGINIA 515 S MARION STREET LAKE CITY FL 32025	10. Name and Address of New Registered Agent 81 Name (SAME) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: *Virginia Waters*, **VIRGINIA F WATERS, TREASURER 2/24/99**
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 NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, SUSIE 15 NE 2ND AVE HIGH SPRINGS FL 32643	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P FLEMMING, SUSIE 15 NE 2 AVE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENKERUD, DONALD 2615 NW 38TH STREET GAINESVILLE FL 32605	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP RON WATERS 515 S. MARION ST LAKE CITY FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, BRENDA 116 N WALNUT ST STARKE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY HEWTON HARMON 1558 N. MEADOWCREST BLVD CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIEF, KIRK 1500 HUSSON AVE PALATKA FL 32177	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MC COOK, EDWIN PO BOX 456 LIVE OAK FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERS, VIRGINIA 515 S MARION ST LAKE CITY FL 32025	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ENKERUD, DONALD 2615 NW 38TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABBACK, FRED PO BOX 112 N/A CROSS CITY FL 32628	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D SABBACK, FRED

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: *Virginia Waters* **SIGNATURE REQUIRED 2/24/99** 904.7529.550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)