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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000000177 (2)**

1. Corporation Name

INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAPHERS, INC.

Principal Place of Business	Mailing Address
1385-87 WEST PALMETTO PARK ROAD WEST BOCA RATON FL 33486	1385-87 WEST PALMETTO PARK ROAD WEST BOCA RATON FL 33486

3. Date Incorporated or Qualified: 01/08/1997

4. FEI Number: 65-0771941 ☐ Applied For ☐ Not Applicable

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) | Zip (29) Country (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

LORBER, ADDIE
1385-87 WEST PALMETTO PARK ROAD WEST
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	YAKE, FRED		1.2 NAME	Will Landon	
STREET ADDRESS	8855 REDWOOD STREET		1.3 STREET ADDRESS	8713 Se. 64th St.	
CITY-ST-ZIP	LAS VEGAS NV 89139		1.4 CITY-ST-ZIP	Bellevue, WA 98008	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	TREMBLAY, DENIS		2.2 NAME	BOB McINTYRE	
STREET ADDRESS	ST. JEAN SUR RICHHEU		2.3 STREET ADDRESS	808 Sirius Dr.	
CITY-ST-ZIP	QUEBEC, CANADA J3A 1M1		2.4 CITY-ST-ZIP	Colorado Springs, CO 80906	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LORBER, ADDIE		3.2 NAME		
STREET ADDRESS	1385-87 WEST PALMETTO PARK ROAD WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ERICSON, BOB		4.2 NAME		
STREET ADDRESS	3042 CARDINAL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HYMANS, LIZ		5.2 NAME		
STREET ADDRESS	40 LAGOON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELEVEDERE CA 94920		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEGAL, DOUGLAS		6.2 NAME		
STREET ADDRESS	70 EAST LAKE STREET, SUITE 415		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Addie Lorber QUIFED 1/3/98 (561)361-0031