

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 18 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000003448 (5)
 1. Corporation Name
VANTAGE POINT PHOTOGRAPHY, INC.



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|---|--|
| Principal Place of Business 151 N ORLANDO AVE #203 WINTER PARK FL 32789 | Mailing Address 151 N ORLANDO AVE #203 WINTER PARK FL 32789-3601 |
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|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/07/1994 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-3225817 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |


9. Name and Address of Current Registered Agent

**ROBINSON, JAMES SR
151 N ORLANDO AVE #203
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name **JOHN E. ROBINSON**
 82. Street Address (P.O. Box Number is Not Acceptable)
151 N. ORLANDO AVE. #203
 83. City **WINTER PARK** FL 85. Zip Code **32789**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:  **JOHN E. ROBINSON, PRES.** 4-13-97
Signature, printed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)


12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, BETTY PHYLLIS | |
| STREET ADDRESS | 151 N. ORLANDO AVE #203 | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, JAMES ROGER | |
| STREET ADDRESS | 151 N. ORLANDO AVE #203 | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, JOHN EDWARD | |
| STREET ADDRESS | 151 N. ORLANDO AVE #104 | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------|--|
| 1.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JOHN E. ROBINSON** 4-13-97 (407) 644-2045
Signature, printed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

CR2E034 (9/96)