

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90106 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000008033

1. Corporation Name
MARTINOT PHOTO STUDIO, INC.

Principal Place of Business 1304 CLASSIC DRIVE LONGWOOD FL 32779 US	Mailing Address 1304 CLASSIC DR LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6128 TURTLE MOUND Rd Suite, Apt. #, etc. 22 City & State 23 NEW SMYRNA BEACH, FL Zip Country 24 32169 25 US	2a. Mailing Address 26 6128 TURTLE MOUND Rd Suite, Apt. #, etc. 27 City & State 28 NEW SMYRNA BEACH, FL Zip Country 29 32169 30 US
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3. Date Incorporated or Qualified 01/24/1994	4. FEI Number 59-3223174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MOORE, BENJAMIN H.
 1400 W. FAIRBANKS AVE.
 #201
 WINTER PARK FL 32789

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTINOT, RAYMOND	
STREET ADDRESS	1304 CLASSIC DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTINOT, ANNE	
STREET ADDRESS	1304 CLASSIC DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, SEVERINE	
STREET ADDRESS	155 HATTAWAY DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTINOT RAYMOND	
1.3 STREET ADDRESS	6128 TURTLE MOUND Rd	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINOT RAYMOND ANNE	
2.3 STREET ADDRESS	6128 TURTLE MOUND Rd	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
3.1 TITLE		<input 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 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, with all other like empowered.

SIGNATURE: ANNE MARTINOT 02/16/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (11/98)