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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90197 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000077911

1. Corporation Name  
WOODSIDE'S PHOTOGRAPHY STUDIO, INC.



Principal Place of Business: 8148 CAMERON CAY CT, NEW PORT RICHEY FL 34653  
Mailing Address: 8148 CAMERON CAY CT, NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1998  
4. FEI Number: 59-353391  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [X] No

9. Name and Address of Current Registered Agent: BIERWEILER, RAYMOND H, 9039 LITTLE ROAD, NEW PORT RICHEY FL 34654  
10. Name and Address of New Registered Agent: [ ] Name, [ ] Street Address, [ ] City, [ ] State (FL), [ ] 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: [Signature] Thomas F. SBANI, PRESIDENT  
DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETED	1.1 TITLE	Change Addition
NAME: SBANI, THOMAS		1.2 NAME	
STREET ADDRESS: 8148 CAMERON CAY CT		1.3 STREET ADDRESS	
CITY-ST-ZIP: NEW PORT RICHEY FL 34653		1.4 CITY-ST-ZIP	
TITLE:	DELETED	2.1 TITLE	Change Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE:	DELETED	3.1 TITLE	Change Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	DELETED	4.1 TITLE	Change Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	DELETED	5.1 TITLE	Change Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	DELETED	6.1 TITLE	Change Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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: [Signature] SBANI, PRESIDENT  
DATE: 4/27/99  
DAYTIME PHONE: 352-896-7696

CR2E034 (11/98)