## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPOR

1998 N9700000177 (2) DOCUMENT #

INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAP HERS, 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

2a. Mailing Address

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**FILED** Jan 30 1998 8:00am Secretary of State



Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc. |                           |            |         |                                   |         | 6. Election Campaign Fina                                  | ncing            | \$5.00           | May Be      |  |
|---|--|---------------------|---------------------------|------------|---------|-----------------------------------|---------|--|------------------|------------------|-------------|--|
| 22  |  | 27                  |                           |            |         |                                   |         | Trust Fund Contribution                                    |                  | Added t          | o Fees      |  |
| City & State  | е  |                     | City & State              |            |         |                                   |         | 7. Is this nonprofit corporation a homeowners association? |                  |                  |             |  |
| 23  |  | 28                  |                           |            |         |                                   |         |  | ☐ Yes            | D No             |             |  |
| Zip   | Country  | L                   | Zip                       | <u>_</u> ~ | untry   |                                   |         | 8. This corporation owes o                                 | r has paid the   | current year In  | tangible    |  |
| 24  |  |                     |                           |            |         |                                   |         | Personal Property Tax due June 30. 🔲 Yes 🚜 No              |                  |                  |             |  |
| 9. Name and Address of Current Registered Agent   |  |                     |                           |            |         |                                   |         | 10. Name and Address of                                    | New Register     | ed Agent         |             |  |
|   |  |                     |                           |            | 81      | Name                              | )       |  |                  |                  |             |  |
| LORBER, ADDIE   |  |                     |                           |            |         | Stree                             | Addres  | ss (P.O. Box Number is Not A                               | cceptable)       | <del></del>      |             |  |
| 1385-87 WEST PALMETTO PARK ROAD WEST  |  |                     |                           |            |         |                                   |         |  |                  |                  |             |  |
| BOCA RATON FL 33486   |  |                     |                           |            |         |                                   |         |  |                  |                  |             |  |
| •   |  |                     |                           |            |         | City                              |         |  |                  | 05 7:-           | Oodo        |  |
| -   |  |                     |                           |            | 84      | City                              |         |  | F                | 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. |  |                     |                           |            |         |                                   |         |  |                  |                  |             |  |
| •   | in raina with and accept the obligation  | U113 U              | a, deciminations, ric     | הוטפו טופ  |         | '•                                |         |  |                  |                  |             |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                     |                           |            |         |                                   |         |  |                  |                  |             |  |
| 12.   | OFFICERS AND DIRECTORS   |                     |                           |            |         |                                   |         | ADDITIONS/CHANGES T  | O OFFICERS A     | ND DIRECTOR      |             |  |
| TITLE   | DP DELETE  |                     |                           |            | ITLE    |                                   | D       |  |                  | Change           | Addition    |  |
| NAME  | YAKE, FRED   |                     |                           | 1.2 N      | AME     |                                   | 41      | 11 Landon  | . 0.0            |                  | -           |  |
| STREET ADDRESS  | REET ADDRESS 8855 REDWOOD STREET   |                     |                           |            |         | 1.3 STREET ADDRESS 15913 Sac. 641 |         |  |                  |                  |             |  |
| CITY-ST-ZIP   | LAS VEGAS NV 89139   |                     |                           |            |         | r-zip                             | 175     | THO DUOU   | 1A-980           | 08               | _           |  |
| TITLE   | DP   |                     | ☐ DELETE                  | 2.1 T      |         |                                   | 75      |  |                  | Change           | Addition    |  |
| NAME  | TREMBLAY, DENIS  |                     |                           | 2.2 1      | IAME    |                                   | 100     | 2 NO TRITYPE   | •                |                  | 7.          |  |
| STREET ADDRESS  | ST. JEAN SUR RICHHEU   |                     |                           | 239        | TAFFI   | ADDRESS                           | 18/20   | Sirius Dr.   | . –              |                  |             |  |
| CITY-ST-ZIP   | QUEBEC, CANADA J3A 1M1   |                     |                           |            | my-s    |                                   | Coll    | made Somme C.  | <u>CO 80</u>     | 206              |             |  |
| TITLE   | SD   |                     | DELETE                    | 3.1 T      |         |                                   | - Lane  | a a war farry 1  |                  | ☐ Change         | Addition    |  |
| NAME  | LORBER, ADDIE  |                     |                           | 3.2 N      | AME     |                                   |         |  |                  |                  |             |  |
| STREET ADDRESS  | 1385-87 WEST PALMETTO PAR  | K RO                | DAD WEST                  | 335        | TREET   | ADDRESS                           |         |  |                  |                  |             |  |
| CITY-ST-ZIP   | BOCA RATON FL 33486  |                     |                           |            | CITY-S  |                                   |         |  |                  |                  |             |  |
| TITLE   | D  |                     | DELETE                    | 4,1 T      |         |                                   | -       |  |                  | Change           | Addition    |  |
| NAME  | ERICSON: BOB   | -                   |                           |            | IAME    |                                   |         |  |                  |                  |             |  |
| STREET ADDRESS  | 3042 CARDINAL DRIVE  |                     |                           |            |         | ADDRESS                           |         |  |                  |                  |             |  |
| CITY-ST-ZIP   | DELRAY BEACH FL 33444  |                     |                           |            | ITY-ST  |                                   |         |  |                  |                  |             |  |
| TITLE   | D DEBINI DEACHTE 3344  |                     | DELETE                    | 5.1 T      |         | - CIT                             | ┼─      | <del> ';=</del>  | ·                | Change           | Addition    |  |
| NAME  | HYMANS, LIZ  |                     |                           | 5.2 N      |         |                                   |         |  |                  |                  |             |  |
| STREET ADDRESS  | 40 LAGOON ROAD   |                     |                           |            |         | ADDRESS                           |         |  |                  |                  |             |  |
|   | BELEVEDERE CA 94920  |                     |                           |            |         |                                   |         |  |                  |                  |             |  |
| CITY-ST-ZIP<br>TITLE  | D DELEVEDERE CA 94920  |                     | DELETE                    | 5.4 C      | 17Y-\$1 | - ZIP                             | +       |  |                  | Change           | Addition    |  |
| NAME  |  |                     |                           | 6.2 N      |         |                                   |         |  |                  | onunge           |             |  |
| 3   | SEGAL, DOUGLAS   | 415                 |                           |            |         | 1000000                           |         |  |                  |                  |             |  |
| STREET ADDRESS  | 70 EAST LAKE STREET, SUITE   | 410                 |                           |            |         | ADDRESS                           |         |  |                  |                  |             |  |
| CITY-ST-ZIP   | CHICAGO IL 60601   | thie f              | ilina does not qualify fo |            | ITY-ST  |                                   | ed in S | action 119 07(3)(i) Florida Str                            | atutee I further | certify that the | information |  |
| indicated   | ertify that the information supplied with<br>on this annual report or supplemental a | มนกร                | I report is true and acc  | urate an   | d tha   | it my si                          | gnature | shall have the same legal eff                              | ect as if made   | under oath; the  | at I am an  |  |

Block 12 or Block 13 if changed, or on an attachment with an address

1/3/28 (561)361-0031