## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33791

**Entity Name:** PALM BEACH PHOTOGRAPHIC CENTRE, INC.

**Current Principal Place of Business:**

415 CLEMATIS ST
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

415 CLEMATIS ST
WEST PALM BEACH, FL 33401 US

**FEI Number: 59-2801420**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEJAME, FATIMA
415 CLEMATIS
WEST PALM BEACH, FL 33401 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: _____

Electronic Signature of Registered Agent                                    Date

**Officer/Director Detail :**

| | | | | |
|---|---|---|---|---|
| Title | DIRECTOR, PRESIDENT | | Title | DIRECTOR, SECRETARY |
| Name | NEJAME, FATIMA | | Name | KOENIGSBERG, JAY |
| Address | 6525 SOUTH FLAGLER DRIVE | | Address | 3120 AVIATION AVENUE |
| City-State-Zip: | WEST PALM BEACH FL 33405 | | City-State-Zip: | MIAMI FL 33131 |

| | | | | |
|---|---|---|---|---|
| Title | DIRECTOR, TREASURER | | Title | DIRECTOR |
| Name | ROBERTS, CAROL | | Name | NEJAME, ARTHUR B |
| Address | 3620 GARDENS PARKWAY 601B | | Address | 6525 S FLAGLER |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | | City-State-Zip: | WEST PALM BEACH FL 33405 |

| | | | | |
|---|---|---|---|---|
| Title | DIRECTOR | | Title | DIRECTOR |
| Name | KAPLAN, DAILE | | Name | MC KIERNAN, SCOTT |
| Address | 104 E. 25 ST. 6TH FLOOR | | Address | 408 N EL CAMINO REAL |
| City-State-Zip: | NEW YORK NY 10012 | | City-State-Zip: | SAN CLEMENTE CA 92672 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ANTHONY, BANNON |
| Address | 1300 ELMWOOD AVE |
| City-State-Zip: | BUFFALO NY 14222 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: FATIMA NEJAME                    DIRECTOR                    04/02/2018

Electronic Signature of Signing Officer/Director Detail                                    Date