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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

398769

(0)

PHOTOGRAPHIC ASSOCIATES, INC.

Mailing Address

**FILED** 

Feb 04 1998 8:00am

Secretary of State

55 ROYAL PALM BLVD VERO BEACH FL 32960		P.O. BOX 98 VERO BEACH FL 32961-0098				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
						04/05/1972			
2. Principal Pi	ace of Business	2a. Mailing Address						Applied For	
Cuita Ant	W ato	[26]						Not Applicable	
Suite, Apt.:	#, OC.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing \$5.00 May Be			
3		28				Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	<del></del>	untry	<u>'</u>	8. This corporation owes or has paid the	12.5		
4	25	29	[30]	,		Personal Property Tax due June 30.	Yes	L] No	
	9. Name and Address of Current	Registered Agent	<del></del>	81	Name	10. Name and Address of New Register	ed Agent		
	INGER, JOHN D			"	Name				
	ROYAL PALM BLVD				Street Address (P.O. Box Number is Not Acceptable)				
VE	RO BEACH FL 32960			83				<del></del>	
				63	l				
				84	City	F	85 Z	Zip Code	
agent. I ar SIGNATURE	igistered agent, or point, in the State of in familiar with, and accept the obligation Signature, typod or penied name of registered agent	ions of, Section 607.0505, F	Iorida Sta	atutes	S	ration's board of directors. I hereby accept the a		as registered	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 THLE				[] Chan	ge 🔲 Addition	
NAME	EISINGER, JOHN D		1.2 NAME						
STREET ADDRESS	55 ROYAL PALM BLVD		1.3 5	STREET	ADORESS				
CITY-ST-ZIP	VERO BEACH FL 32960			1.4 CITY-ST-ZIP			·		
TITLE			2.1 THLE			Chan	ge L_ Addition		
NAME	EISINGER, JACQUELINE C		221						
STREET ADDRESS	55 ROYAL PALM BLVD VERO BEACH FL 32960		- 1		ADDRESS				
CITY-ST-ZIP TITLE	VENU DEACH PL 32900	DELETE	311		ST - 7IP		[] Chan	ge Addition	
NAME		L. beter	3.2 N		}		رے دامان	Journal Tooligh	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE	<u> </u>	DELETE	411		<del></del>		Chang	ge Addition	
NAME			4.2	NAME					
STREET ADDRESS			4.3 5	STREET	ADDRESS				
CITY-S1-ZIP			440	ary-s	T-21P				
TITLE		☐ DELETE	511	IILF			Chang	ge 🔲 Addition	
NAME			5.2 N	<b>I</b> AME	1				
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	HY-S	T- ZIP		<del></del> -		
TIFLE DELETE			611				[_] Chang	ge Addition	
MAME			624	IALIC					

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 ettachment with an address.

SIGNATURE:

CITY-ST-ZIP

Joly Viani

pres-

1-30-98 561-562-5411