1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90092 013 \*\*\*150.00

## DOCUMENT # 440008

PHOTO CENTER OF ST. ARMANDS, INC.

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Principal Place	e of Business	Mail	ing Address	(4,5° , 50° )		17.44			35.	
	/D of presidents		DINAH WAY	1,7	*					
SANASOTA FL	34230	. US	AGOTA LE GAZOT				DO NOT W	RITE IN THE	S SPACE	
							3. Date Incorporated or Qualif	ed		
		1					11/16/1973 4. FEI Number		7 1 4 5	nlind For
<u> </u>	lace of Business	— <del>—</del> —	Mailing Address				59-1269497			plied For t Applicable
21	# -4-	26	Suite, Apt. #, etc.			-	39-1209497		\$8.75 A	
Suite, Apt.	#, etc.	27	Suite, Apr. #, etc.				5. Certifcate of Status Desired		Fee Re	I
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23		28	-1., -1.		-	Salantinger -	Trust Fund Contribution	в 🗆	Added t	
Žip	Country		Zip	Count	ry		8. This corporation owes the o	urrent year Ir	ntangible	
24	25	29	[:	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registe	ered Agent				10. Name and Address of Ne	w Registered	d Agent	
DE O	CAL 6704 I			8	1 N	lame				
	ien, ezra j. 3 main street			8	2 8	treet Addre	ss (P.O. Box Number is Not Acce	eptable)		
,	ASOTA FL 34237			_						
) JAN	MOUIN FL 34231			8	3					ļ
1				8	4 0	City			85 Zip 0	Code
			7 4500 Et : 4 04-14				anting a harder this statement for t	F		registered
l office or re	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida	. Such change was au	uthorized b	y the	amed corpo corporation	ration submits this statement for its board of directors. I hereby ac	cept the appo	ointment as req	gistered
agent. I a	m familiar with, and accept the oblig	gations of, S	Section 607.0505, Flori	ida Statute	es.					į.
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	Signature, typed or printed name of registered a	Kent and tue it s								
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14. 1 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.