

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90054 001 \*\*\*150.00

DOCUMENT # 456360

1. Corporation Name

PHOTOSOUND OF ORLANDO, INC.

Principal Place of Business

718 VIRGINIA DRIVE  
P.O. BOX 536575  
ORLANDO FL 32803  
US

Mailing Address

P.O. BOX 536575  
P.O. BOX 536575  
ORLANDO FL 32853-6575  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1974

4. FEI Number

59-1538048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STACKFLETH, GLORIA L  
1419 YORKTOWN CT  
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name Stackfleth, Gloria L.

82 Street Address (P.O. Box Number is Not Acceptable)

7915 Nashua Lane

83

84 City Orlando

FL

85 Zip Code 32817

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	STACKFLETH, GLORIA L	
STREET ADDRESS	1419 YORKTOWN COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WOODBURY, ROGER E	
STREET ADDRESS	7963 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STACKFLETH, MICHAEL L	
STREET ADDRESS	8325 AMBEROAK DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stackfleth, Gloria L.	
1.3 STREET ADDRESS	7915 Nashua Lane	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Roger E. Woodbury

Roger E. Woodbury

02-10-99

(407) 848-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

010696