

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90027 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 845998 (4)

1. Corporation Name
RITZ CAMERA CENTERS, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
6711 RITZ WAY BELTSVILLE MD 20705		6711 RITZ WAY BELTSVILLE MD 20705		05/15/1980	05/01/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F / Not Appli		
21	26	53-0176025			
Suits, Apt. #, etc.	Suits, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	28	<input type="checkbox"/>			
Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.02 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	85	Zip Code	
			FL		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if acceptable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	RITZ, DAVID	1.2 NAME	
STREET ADDRESS	6711 RITZ WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELTSVILLE MD	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	D	2.1 TITLE	
NAME	RITZ, IRENE K	2.2 NAME	
STREET ADDRESS	8211 ANITA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	SD	3.1 TITLE	
NAME	RITZ, EDWARD C	3.2 NAME	
STREET ADDRESS	8211 ANITA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	CFO	4.1 TITLE	
NAME	MAYBERRY, WADE	4.2 NAME	
STREET ADDRESS	6711 RITZ WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELTSVILLE MD	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. 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 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; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

301-419-000