

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 08 1997 8:00am
 Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000002480 (9)
 1. Corporation Name
PICTURESQUE IMAGING INC.



| | |
|---|---|
| Principal Place of Business 2720 B NH HARBOR CITY BLVD. MEBOURNE FL 32935 | Mailing Address 2720 B NH HARBOR CITY BLVD. MEBOURNE FL 32935 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 05/16/1996 | | 3a. Date of Last Report | |
| 4. FEI Number 59-3375633 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|--|---|
| 2. Principal Place of Business 21 2720 N. Harbour City Blvd. | 2a. Mailing Address 26 2720 N. Harbour City Blvd. |
| Suite, Apt. #, etc. 22 Unit B | Suite, Apt. #, etc. 27 Unit B |
| City & State 23 Melbourne, FL | City & State 28 Melbourne, FL |
| Zip 24 32935 | Zip 29 32935 |
| Country 25 | Country 30 |

9. Name and Address of Current Registered Agent
VARNEY, JOHN
2720 B NH HARBOR CITY BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2720 N. Harbour City Blvd.
 83 **Unit B**
 84 City
Melbourne
FL 85 Zip Code
32935

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VARNEY, JOHN | | 1.2 NAME | |
| STREET ADDRESS 725 BROOKSIDE DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP INDIALANTIC FL 32903 | | 1.4 CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VARNEY, MAURA | | 2.2 NAME | |
| STREET ADDRESS 725 BROOKSIDE DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP INDIALANTIC FL 32903 | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SAUL, IAIN | | 3.2 NAME | |
| STREET ADDRESS 14 BARRIEDALE GROVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP FRANKSTON AUSTRALIA 3199 | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED **27 A. '97**

CR2E034 (4/97)