## 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.)

**PROFIT CORPORATION ANNUAL REPORT** 

PICTURESQUE IMAGING INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F96000002480 (9)

## **FILED** Sep 08 1997 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE	

Principal Plac	e of Business	Mailing Address			. 1401100 trin thise attit abilt \$3/1 \$3	199 WELLIE	NEG BING! IN[6]	4611 (85)
	RBOR CITY BLVD.	2720 B NH HARBOR CITY I	BLVD.		\ 			
MEBOURNE FL	32935	MEBOURNE FL 32935			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie		ate of Last F	Report
					05/16/1996			
2. Principal F	Place of Business	2a. Mailing Address		/ 10× /	4. FEI Number		I	pplied For
	N. Harbour Gty Blvd.	26 2720 N. Harbo	<u>our C</u>	ty Blva.	59-3375633		N	lot Applicable
	Sulte, Apt. #, etc. Suite, Apt. #, etc.			,	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 N			May Be
23 Melbo		28 Melbourne			Trust Fund Contribution		Added	to Fees
Zip 22/	Country	32935		intry	8. This corporation owes or has	,		
24 320		28 3 1 1	30	·	Personal Property Tax due Ju			No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New	registered	Agent	
	NEY, JOHN			'   ' ' '				
	B NH HARBOR CITY BLVD.			82 Street Add	ress (P.O. Box Number is Not Accep	able)		
MELL	BOURNE FL 32935			83	N. Harbour City 1	sivd.		
				Und	В			
				84 Gity		F-1	85 Zip	2935
44 Durayant	to the provisions of Sections 607.050	2 and 607 1509. Elorido Statut	on the e		burne	FL		
office or agent. I s	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorize orida Sta	d by the corpora tutes.	ntion's board of directors. I hereby act	ept the app	ointment as	registered
SIGNATURE								
12	Signature, typed or printed name of registered age OFFICERS AN		E: Registere	d Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AND	DIDECTO	DC IN 19
12.	PD OPPICERS AND	DELETE	1.1 (1	TIE	ADDITIONS/CHANGES TO UP	TOERS AND	Change	Addition
NAME	VARNEY, JOHN	C beccit	1.2 N				CT Orientae	
STREET ADDRESS	725 BROOKSIDE DR.			REET ADDRESS				
	INDIALANTIC FL 32903		•					
CITY-ST-ZIP TITLE	S	DELETE	2.1 1	TY-ST-ZIP			Change	Acdition
NAME	VARNEY, MAURA		2.2 N				U.S. O.N.I.NgO	
STREET ADDRESS	725 BROOKSIDE DR.			REET ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		•	ITY-ST-ZIP				
TITLE	D	DELETE	311		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Change	Addition
NAME	SAUL, IAIN	<b>F.A.</b>	3.2 N					
STREET ADDRESS	14 BARRIEDALE GROVE			REET ADDRESS				
CITY-ST-ZIP	FRANKSTON AUSTRALIA 3199		1	ITY-ST-ZIP				
TITLE	THE SHOTOTT NOTIFIED 0100	DELETE	4.1 1				Change	Addition
NAME	1	J	4.21					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	51 T				Change	Addition
NAME		tend Process	5.2 N					
ř								
STREET ADDRESS	10		1	REET ADDRESS				
CITY-ST-ZIP	<del></del>	DELETE		TY-ST-ZIP			Change	Addition
TITLE			6.1 (1	i			CHAILBE	LT AUDRIUM
NAME			6.2 N	ı				
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-ZIP	F		6.4 CI	TY-ST-ZIP				

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 popular process of a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the certification of 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 a unglid hypon an attachment with an address.

DECHRED

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