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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28544

(6)

PRONTO FOTO OF KISSIMMEE, INC.

(0

FILED Mar 25 1998 8:00am Secretary of State



	257	_							
Principal Place of Business Mailing Address							41511 61411 611	#11 91811 IM#1	
626 628 E VINE ST 626 628 E VINE ST									
KISSIMMEE FL 34744-4291 KISSIMMEE FL 34744-4291						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						03/21/1983			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				<u>59-2281149</u>		lot Applicable	
Suite, Apt.	. #, etc.	⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27	Table			,		tequired	
City & Stat	te	 	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	28 Zip	Zip Country					to Fees	
24			30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		_ ~			
	9. Name and Address of Curre		1001	Γ-		10. Name and Address of New Registered			
TO	WNSEND, FRANK		•	81	Name				
52			82 Street Add		Address (P.O. Box Number is Not Acceptable)				
	SSIMMEE FL 32743				J. 1001	פי אטעויספט (ר.ט. מטג ושווווטפו זס ואטן אטטפיףנאטופ)			
				83					
	•			84	City	Fl	- `	Code	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent or both, in the Stat	02 and 607.1508, Florida Statu ie of Florida Such change was	ites, the al	bove d by	named the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap	of changing in pointment as	its registered registered	
agent. I a	am familiar will, and account to obli	gations of Section 607.0505, F	lorida Stat	tutes	i.	aliolog)		
SIGNATURE	Signature product printed name of registered as	gent and title if applicable (NO	TE: Registere	d Age	nt signature	required when reinstating) DATE			
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	LADIDO OFDALD	☐ DELEŤE			-	Brecon Basson	Change	Addition	
NAME	LAPIDO, GERALD 2553 OAK HOLLOW DR		B	1.2 NAME		REBECA BARRON a553 OAK HOLLOW DR.			
STREET ADDRESS	KISSIMMEE, FL 32741/				ADDRESS	KISSIMMER, FL.34744			
CITY-ST-ZIP TITLE			1.4 Ci		T - ZiP	KISSIMMEE, I E 34 144	Change	Addition	
NAME				2.1 TITLE 2.2 NAME			Onlings	LI AUGILION	
STREET ADDRESS					ADDOCCC				
CITY-ST-ZIP				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		5.5		1	
TITLE		DELETE	3.1 TI		1-21		Change	☐ Addition	
NAME			3.2 NA	AME					
STREET ADDRESS			3.3 ST	REET	address				
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			ŀ	
TITLE			4.1 711	4.1 TITLE			Change	Addition	
NAME			4. 2 N	AME	ļ				
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP		·	4.4 CI	TY-S1	-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE			Change	Addition	
NAME			5.2 NA					j	
STREET ADDRESS					address				
CITY-ST-ZIP		T prieve	5.4 C0		- ZIP			8,44000	
TITLE		☐ DELE TE	6.1 TIT				Change	Addition	
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
City-St-ZiP	cartify that the information supplied	with this filing does not qualify f	6.4 CI			od in Section 119 07(3)(i) Florida Statutes I further of	artifu that the	information	

4. 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.

Ball mo 3/10/98

CR2E034 (10/9)