

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **#03300**
1. Corporation Name

Pix 'N' Picks INC. File # **1822-H**
Charter # **#03300**

Principal Place of Business

Mailing Address

4744 Golden Gate Parkway
NAPLES, FLORIDA 34116

FILED

97 JUL 31 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 **PIX 'N' PICKS INC.**

Suite, Apt. #, etc.

22

City & State

23 **NAPLES FL**

Zip

24 **34116**

Country

25

2a. Mailing Address

26 **4744 Golden Gate Pkwy**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

5/14/84

3a. Date of Last Report

1996

4. FEI Number

59-2416178

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RONALD DEPIRO
2200 KING ARTHUR CT.
NAPLES, FL. 34112

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

400002257614--U

08/05/97 01015-013

******165.00 ****165.00**

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

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 ☐ DELETE

NAME **PRES, SEC, TILES.**

STREET ADDRESS **RONALD DEPIRO**

CITY-ST-ZIP **2200 KING ARTHUR CT.**

NAPLES, FLORIDA 34112

TITLE ☐ DELETE

NAME **VICE PRES.**

STREET ADDRESS **ELYSE DEPIRO**

CITY-ST-ZIP **2200 KING ARTHUR CT.**

NAPLES, FLORIDA 34112

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

RONALD DEPIRO

6/30/97 941 352-0000

Date Daytime Phone #

CR2E034 (9/96)