Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90013 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H60418

1. Corporation Name

PHOTOG	GRAPHS BY NANCY, INC.								
Principal Place	e of Business	Mailing Address			$\neg \neg$	1 1 0015 11 0 114 1 1111 0 8111 6 140	 		
1535 CYPRESS DR 1535 CYPRESS. DR SUITE 1 SUITE 1 JUPITER FL 33469 JUPITER FL 33469						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifi	ed		
						06/05/1985			
	lace of Business	2a. Mailing Address			1	4. FEI Number		<u> </u>	plied For
21	# **	26 Suite Apt # oto				59-2540000	····	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & State	<u> </u>	City & State				6 Flation Compains Financia			• •
23	.c	28			ĺ	Election Campaign Financir Trust Fund Contribution	g 🗆	\$5.00 Added to	
Zip	Country	Zip	Countr	y		8. This corporation owes the c	urrent vear Int		0.1000
24	25	├ ─ `	30			Personal Property Tax.	un 10111 y 001 11110		□No
	9. Name and Address of Curren	11				10. Name and Address of New	v Registered	Agent	
			81	Nan	18				
	iilton, nancy B. Riverside Drive		82	2 Stre	et Address	(P.O. Box Number is Not Acce	ptable)	· · · · · · · · · · · · · · · · · · ·	
	TER FL 33469		83	3					-
			84	City				85 Zip C	Code
11. 5	to the provisions of Sections 607.050	0 1007 4500 51-11- 01-11	- 45			ti a de seite de la centra del centra de la centra del la centra de la centra del la centra del la centra de la centra del la centra de la centra de la centra del la centra de la centra del la centra de la centra del la cen	F L	chanina ita	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized by	the co	rporation's	board of directors. I hereby ac	cept the appoin	ntment as reg	gistered
_	manifer man, and accept the congr	ations of, Section 607.0505, Froi	ida Statute:	S.					
SIGNATURE	Signature, typed or printed name of registered age		Registered Age		re required wh	en reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age				required wh	en reinstating) ADDITIONS/CHANGES TO			RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age		re required wh			D DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP