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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



J88921

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90059 006 ***150.00

VERNE N	Morse Photography, I	NC.							
Principal Place	e of Business	Mailing Address			•		(I) k ibil a (b) ab	il Millin millir shills	
% VERNE J. MO		% VERNE J. MORSE							
925 ASHINGTON PLACE 925 ASHINGTON PLACE									
ORLANDO FL 32804 ORLANDO FL 32804						DO NOT WRITE IN TH	IIS SPACE		ı
J						3. Date Incorporated or Qualifed		l	ĺ
						08/06/1987			1
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number	1	Applied For	
21		26				59-2853890		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27	7			3. Contribute of Clares Desired	Fee I	Required	1
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.0	0 мау Ве	1
23		28	28			Trust Fund Contribution	Adde	d to Fees	1
Zip	Zip	Country			8. This corporation owes the current year				
24	, 25	29	30			Personal Property Tax.	X Yes	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent		ļ
			į	81 18	Name				
	RSE, VERNE J.			82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			ł
925	ashington place			62 `	Sileet Addie	555 (1 .O. DOX NUMBER IS NOT ACCEPTABLE)			}
ORLANDO FL 32804				83	_				
					_				1
				84	City	F	EL 85 Zi	p Code	Ì
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorities.				hove-n	amed corno			its registered	
office or r	registered agent, or both, in the State	e of Florida. Such change was au	thorized	by the	corporation	n's board of directors. I hereby accept the ap	pointment as	registered	
agent. I a	im familiar with, and accept the oblig	jations of, Section 607.0505, Flori	oa Statt	utes.				ļ	
SIGNATURE	Signature, typed or printed name of registered as	AIOTS:	Panistared	Agent si	mature required	when reinstating) DATE			-
12.		AND DIRECTORS	13.		3,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TOR\$ IN 12	ç
TITLE	D	☐ DELETE	1.1 TII	ΓLE			☐ Chang		3
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	ORLANDO FL								5
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14. 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, without other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR