

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90008 038 \*\*\*150.00

DOCUMENT # **J91125** ✓  
1. Corporation Name  
**YOU OUGHT TO BE IN PICTURES, INC.**



Principal Place of Business Mailing Address  
~~201 N. FLAGLER DR.~~ **618 S. Olive Ave** ~~201 N. FLAGLER DR.~~ **Same**  
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0010165</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOVARIK, TOM R.**  
**201 N. FLAGLER DR.**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOVARIK, TOM R.</b>	1.2 NAME	
STREET ADDRESS	<del>201 N. FLAGLER DR.</del>	1.3 STREET ADDRESS	<b>618 S. Olive Ave</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>	1.4 CITY-ST-ZIP	<b>W Palm Beach FL</b>
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOVARIK, CYNTHIA</b>	2.2 NAME	
STREET ADDRESS	<del>201 N. FLAGLER DR.</del>	2.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-9-99 (561) 833-5818**

CR2E034 (5/99)

0071569

J91125

588804-90008-38

Tom R. Kovarik  
You Ought To Be In Pictures  
618 So. Olive Ave.  
W. Palm beach, FL 33401

7-9-99

Division Of Corp.  
State Of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Sirs:

Enclosed, please find my check in the amount of 150.00 for payment of the 1999 Corporation filing fee. My adress changed 2 years ago and I never received my first notice for the filing. I have drawn attention to the adress change on the Annual report document.

My corporation has been in existance for 12 years and we have never had a late filing.

Your office told me to include the check for this amount and they would take care of the address problem.

Thank you for your help in correcting this for me.

Sincerely,



Tom R. Kovarik  
You Ought To Be In Pictures, Inc.