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

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90235 046 ***150.00

DOCUMENT # ~~K31257~~ (4)

1. Corporation Name
PHOTOGRAPHIC WORKSHOP INC.

Principal Place of Business	Mailing Address
~~1748 INDEPENDENCE BLVD.~~	~~1748 INDEPENDENCE BLVD.~~
~~B5~~	~~B5~~
~~SARASOTA FL 34234~~	~~SARASOTA FL 34234~~
US	US
1941 Whitfield Park Loop, Sarasota, FL 34243	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip | Country

2a. Mailing Address (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) | Country (30)

3. Date Incorporated or Qualified
09/01/1988

4. FEI Number
65-0064522
☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCLUSKEY, TRAVIS
C/O PHOTOGRAPHIC WORKSHOP
~~1748 INDEPENDENCE BLVD., B-5~~
SARASOTA FL ~~34234~~ 34243
1941 Whitfield Park Loop

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: Travis McCluskey (Registered agent signature required when reinstating) DATE: 4-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
MCCLUSKEY, DEBRA K		1.2 NAME	
3769 OAK GROVE DRIVE		1.3 STREET ADDRESS	
SARASOTA FL		1.4 CITY-ST-ZIP	
PT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
MCCLUSKEY, TRAVIS W.		2.2 NAME	
3769 OAK GROVE DRIVE		2.3 STREET ADDRESS	
SARASOTA FL		2.4 CITY-ST-ZIP	
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E031 (10/97)

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: Travis McCluskey 4-1-99