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

DOCUMENT #

(0)

SILVER IMAGE PHOTO AGENCY, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								7	1 1001/1011 1111 11001 10100 1/101 01/01 1		il William William III	011 DIUH 1011
% CARLA HC 4104 NW 701 GAINESVILLE US	TH TERRACE	404 NW	4104 NW 70TH TERRACE 404 NW 70TH TERRACE GAINESVILLE FL 32806 US				3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
6 Principal P	Place of Busines		2a Mailin	2a. Mailing Address					11/06/1989 FEI Number			pplied For
21	IZCO UI DUSIIIOS		26				7	59-2977887		<u> </u>	lot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				1_				Additional
22		27	27				ь.	Certificate of Status Desired	L	Fee R	Required	
City & Stat	e	City 8	City & State					Election Campaign Financing Trust Fund Contribution		•) May Be to Fees	
Zip		Country	Zip	Zip Cou			ry 8. This co		This corporation owes or has p			, ·
24	25			29 30				Personal Property Tax due June 30. Yes No				
	- -	d Address of Cur	rent Registered	Ageni	A.I	10.	Name and Address of New Ro	egistered	Agent			
HOTVEDT, CARLA							Name					
4104 NW 70TH TERRACE						82	Street Addre	ess (P	.O. Box Number is Not Accepta	ble)		1
Gainesville FL 32808						83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provision	s of Sections 607.0	0502 and 607.150	8. Florida Statul	tes, the at	oove	-named corpo	oration	n submits this statement for the	purpose o	f changing	its registered
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.												
	titi i g uittiligu watei,	and accept the oc	ingations of, deci-	011 007 .0003, 111	orida otat	utes						j
SIGNATURE	Signature typed or p	ninted name of registered	agent and title it applica	ibie (NOI	d Ager	nt signature require	ed when	reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS		13.			A	ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D	****		☐ DELETE	1.1 10	TLE					☐ Change	☐ Addition
NAME	HOTVEDT,		1.2 NAME									
STREET ADDRESS	4104 NW		1			ADDRESS						
CITY-ST-ZIP	D	LE FL 32606		DELETE	1.4 CI 2.1 Ti		I - ZIP				Change	Addition
NAME	POMAR, J	III AO		C) beech	2.1 N						Land Orienta	
STREET ADDRESS		70TH TERR					ADDRESS					I
CITY-ST-ZIP		LE FL 32606			2.40							
TITLE			· ·	DELETE	3.1 70					•	Change	Addition
NAME					3.2 NA	AME						
STREET ADDRESS]				3.3 S1	REET	ADDRESS					
CITY-ST-ZIP	ļ . <u> .</u> .				3.4. C		1-2IP		·			
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TITLE				- Service	5.1 TO 5.2 NA						Shange	
NAME STREET ADDRESS							ADDRESS					
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TITLE				DELETE	6.1 TI		F.17				☐ Change	Addition
NAME		.*		_	6.2 N/							
STREET ADDRESS	;						ADDRESS					
CITY-ST-ZIP					6 4 CI							

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 changes, or on an attachment with an address.

CARLA HOTVEDT