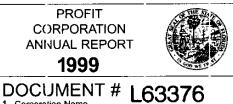
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90279 016 ***150.00

TURNER PHOTOGRAPHY, INC. Principal Place of Business Mailing Address TURNER PHOTOGRAPHY INC TURNER PHOTOGRAPHY INC 530 U.S. 41 BYPASS SOUTH #4A 530 U.S. 41 BYPASS SOUTH #4A DO NOT WRITE IN THIS SPACE VENICE FL 34292 VENICE FL 34292 3. Date Incorporated or Qualifed 03/27/1990 ¿a. Mailing Address 4. FELNi mher Applied For 2. Principal Place of Business 1661 Bal Harbour same 65-0189993 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required Art DOWN 27 City & State 6. Election Campaign Financing \$5.00 May Be enic Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes the current year intangible Zip Zip 30 29 Persor al Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TURNER, MARGARET Street Address (P.O. Box Number is Not Acceptable) 530 U.S. 41 BYPASS SOUTH #4A VENICE FL 34292 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its 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. SIGNATUF: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. esident Turner Margaret E DELETE 1.1 TITLE TITLE TURNER, MARGARET E 1.2 NAME NAME 1420 BRENNER PARK DR. 1.3 STREET ADDRESS STREET ADDRESS 34293 VENICE FL 34292 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITI E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITL F 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I herety certify that the information supplied with this filling 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 attactiment with an address, with all other like empowered.

64 CITY-ST-ZIP

CR2E034 (11/98)