FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 1. Corporation Name PORTRAITS IN WOOD, INC. Mailing Address Principal Place of Business 2513 GINGER MILL BLVD. 2513 GINGER MILL BLVD. ORLANDO FL 32837-8527 ORLANDO FL 32837-8527 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 07/16/1990 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3030700 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 SZTEPA, ANATOL 2513 GINGER MILL BLVD. 83 ORLANDO FL 32821 Zip Code 85 84 City 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 (NOTE: Registered Agent's gnature required when reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1. 1 THLE TITLE 1.2 NAME SZTEPA, ANATOL NAME 1.3 STREET ADDRESS 2513 GINGER MILL BLVD. STREET ADDRESS 1.4 CITY - S1 - 7IP ORLANDO FL Addition CITY-ST-ZIP Change DELETE. 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP Addition CITY-ST-ZIP Change DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-S1-ZIP ☐ Addition ☐ Change DELETE 4 1 TiTLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 5 1 THILE TITLE 5.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 11 if changed, or op an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

21

22

23

24

AME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition

CR2E034 (12/95)