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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89838 1. Corporation Name

PORTRAITS IN WOOD, INC.

Principal Place of Business

Mailing Address

2513 GINGER MILL BLVD. ORLANDO FL 32837-8527

2513 GINGER MILL BLVD. ORLANDO FL 32837-8527

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90120 027 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						07/16/1990			
21	and lace of Business	2a. Mailing A	dress				4. FEI Number		
	pt. #, etc.	26					59-3030700		Applied For
	pi. #, etc.	Suite, Apt	#, etc.						Not Applicable
City 9 C		27					5. Certificate of Status Desired		75 Additional
City & S	otate	City & Sta	te				A FI II A	Fe	e Required
23 28							6. Election Campaign Financing	\$5.	.00 Мау Ве
Zip	Country	Zip		Cour	ntr.	,	ridst rund Contribution	Ade	ded to Fees
24	25	29		30			8. This corporation owes the current year	r Intangible	
Name and Address of Current Registered Agent						———	Personal Property Tax.	☐Yes	□No
					81		10. Name and Address of New Registe	red Agent	
SZTEPA, ANATOL 2513 GINGER MILL BLVD.				İ	ا'°	Name			
251			82 Street Add			ss (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32821	'				001 / (00,00	ss (r.o. box Number is Not Acceptable)		
				Ţ.	83				
;									
					84	City		85 2	Zip Code
11. Pursuan	nt to the provisions of Sections 607.0502	and 607,1508. Flo	rida Statuto	c the she			ation submits this statement for the purpose s board of directors. I hereby accept the ar	_	•
agent, I	registered agent, or both, in the State of	f Florida. Such cha	nge was au	s, me abo thorized b	ove bv t	-named corporation!	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing	its registered
		ons of, Section 607	.0505, Flori	da Statut	es.	no sorporation.	s board of directors. I hereby accept the ap	pointment as	s registered
SIGNATURE	Signature, typed or printed name of registered agent								
12.	OFFICERS AND	and title if applicable.	(NOTE: F	Registered Aç	gent	signature required wh	hen reinstating) DATE		
TITLE	D OF TICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIDEC	TOBO (1) 40
NAME	SZTEPA, ANATOL		ELETE	1.1 TITLE	Ē			Chang	
	SEIC ONOTE LELL TOTAL			1.2 NAME	E	}		L) Glang	ge 🗌 Addition
STREET ADDRESS	2513 GINGER MILL BLVD.			1.3 STRE	FTA	NDDRESS			1
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-		l l			
TITLE			ELETE	2.1 TITLE	_	LIP			1
NAME								☐ Chang	e 🔲 Addition
STREET ADDRESS				2.2 NAME		ſ			1
CITY-ST-ZIP				2.3 STREE	ET AI	DORESS]
TITLE				2. 4 CITY-	ST-2	ZIP			ļ
NAME			LETE	3.1 TITLE				☐ Change	
				3.2 NAME			سندان والمساورات ويستحدك كالواليد		e Addition
STREET ADDRESS				3.3 STREE	TAD	OORESS			
CITY-ST-ZIP				3.4. CITY-5					
TITLE		☐ DE	LETE	4.1 TITLE	51-2	-			
NAME								☐ Change	☐ Addition
STREET ADDRESS				4. 2 NAME					
CITY-ST-ZIP				4.3 STREET	TAD	DRESS			
TILE				4.4 CITY-S	T-ZJF	Ρ			
AME		☐ DE	LETE	5.1 TITLE				☐ Change	T Addre
TREET ADDRESS			1	5.2 NAME		1		□ Glange	☐ Addition
			í	5.3 STREET	ADO	DRESS			ļ
TY-ST-ZIP			I	5.4 CITY-ST	r-ZIP	,			
ure		☐ DEL	.ETE	6.1 TITLE					
AME				6.2 NAME				☐ Change	☐ Addition
TREET ADDRESS									1
TY-ST-ZIP				6.3 STREET					
4 I boroby se	46.41.41	_		6.4 CITY-ST-	· ZIP	i i			

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2.01.99 407)240-1338