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 22, 1999 8:00 am Secretary of State

04-22-1999 90017 026 ***150.00

GREG W	/ILSON PHOTOGRAPHY, INC).							
Principal Place	e of Business	Mailing Address	-		T 19070011 CON 1900 (SELL BERN) AND FRANCE STREET BERN BERN BERN BERN BERN BERN BERN BERN	181			
	% JEFFERY D. FRIDKIN PELICAN BAY CORP CTR ARASOTA FL 34239 5551 RIDGEWOOD DR. #501				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	 1			
					03/06/1986				
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	\neg			
21 1800 Northante Blin 26					59-2645208 Not Applicat	ble			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired Security Securit	}			
City & State City & State City & State 23					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	- 11			
Zip 343	134 [25] USA	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	٠			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
EDIDUM IEEEDCV D									
FRIDKIN, JEFFREY D. PELICAN BAY CORPORATE CENTER 5551 RIDGEWOOD DR #501				Street Add	eet Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108			83						
			84	City	FL 85 Zip Code				
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the corporat	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	đ			
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agei	nt signature requi	equired when reinstating) DATE	}			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-			
TITLE	PD:	☐ DELETE - ·	· 1.1 TITLE	· · [V	Vice President - Change MAddi	ition			
NAME	WILSON, GREGORY H		1.2 NAME	G	Gail Watkins				
STREET ADDRESS	3511 CAMINO REAL		1.3 STREE		PO Box 25305	}			
CITY-ST-ZIP	SARASOTA FL 34239	,	1.4 CITY-S	T-ZIP	Sarabota FL 34277.	Ì			

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SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	DELETE -	1.1 TITLE	Vice President	~ Change	Addition				
NAME	WILSON, GREGORY H		1.2 NAME	Gail Watkins						
STREET ADDRESS	3511 CAMINO REAL		1.3 STREET ADDRESS	l		Į				
CITY-ST-ZIP	SARASOTA FL 34239	1	1.4 CITY-ST-ZIP	Sarasota, FL 3	t277.					
TITLE	VP	DELETE	2.1 TITLE	en .	Change	☐ Addition				
NAME	WILSON, GREGORY H		2.2 NAME	Grey Wilson P.O. Box 25305	-					
STREET ADDRESS	3511 CAMINO REAL		2.3 STREET ADDRESS	P.O. BOX 25305						
CITY-ST-ZIP	SARASOTA FL 34239		2.4 CITY-ST-ZIP	Sarasota FL	34277					
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME		1	3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP							
TITLE	•	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			-				
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE	*	DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME			ļ				
STREET ADDRESS			6.3 STREET ADDRESS							
			A 4 APR 4 APR 710	1						

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 crange I, or on an attachment with an address, with all other like empowered.

SIGNATURE: