FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 02-23-1999 90198 012 25 **61.25

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # N22417

1. Corporation Name

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8998-A SEMINOLE BLVD SEMINOLE FL 34642-3950 US	8998-A SEMINOLE BLVD SEMINOLE FL 33772 US

21 2. Principal Place of Business	26 2a. Mailing Address	3. Date Incorporated or Qualified	09/09/1987
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	NOT-APPLICABLE ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARBARA STORMES
1701 DREW ST #8
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

31 Name: DAVID LAKE
32 Street Address (P.O. Box Number is Not Acceptable): 8998-A Seminole Blvd
33
34 City: Seminole FL 35 Zip Code: 33772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 1-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	STORMES, BARBARA	D	1.2 NAME		PD Warmolts Kim
STREET ADDRESS	1701 DREW ST #8		1.3 STREET ADDRESS		977-APPALOOSA RD
CITY-ST-ZIP	CLEARWATER FL 33755		1.4 CITY-ST-ZIP		Tarpon Springs FL 34689
TITLE	S	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	LAKE, DAVID	D	2.2 NAME		S/T Lake David
STREET ADDRESS	8998-A SEMINOLE BLVD.		2.3 STREET ADDRESS		8998-A Seminole Blvd
CITY-ST-ZIP	SEMINOLE FL 33722		2.4 CITY-ST-ZIP		Seminole FL 33772
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WARMOLTS, KIM	D	3.2 NAME		VP Stelwor Ken
STREET ADDRESS	977 APPALOOSA RD		3.3 STREET ADDRESS		8572-Forest Run Dr.
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP		Clearwater FL 33761
TITLE	VP	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, LEE		4.2 NAME		
STREET ADDRESS	1359 CHESTERFIELD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LAKE [illegible] 1-12-99 (727)-397-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)