

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27097 (7)**

1. Corporation Name  
**ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.**



Principal Place of Business <b>990 CAROLINA CIRCLE TITUSVILLE FL 32796</b>	Mailing Address <b>990 CAROLINA CIRCLE TITUSVILLE FL 32796</b>
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3. Date Incorporated or Qualified <b>06/23/1988</b>	4. FEI Number <b>59-2961711</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 5090 Datchurst Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 5090 Datchurst Dr.</b> Suite, Apt. #, etc.
23 City & State <b>Cocoa FL</b>	28 City & State <b>Cocoa FL</b>
24 Zip <b>32926</b>	29 Zip <b>32926</b>
25 Country <b>US</b>	30 Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVID A SHIRAH  
990 CAROLINA CIRCLE  
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

**81 Name Mike Wheeler**  
**82 Street Address (P.O. Box Number is Not Acceptable) 5090 Datchurst Dr.**  
**83**  
**84 City Cocoa FL 85 Zip Code 32926**

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]* DATE **04/10/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOOROM, GARY</b> <b>487 FORREST AVE, 119</b> <b>Cocoa FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRISANZIO, DOM</b> <b>4804 CANARD RD.</b> <b>MELBOURNE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CLINTON, RICHARD</b> <b>300 GODFREY RD SE</b> <b>PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVID A. SHIRAH</b> <b>990 CAROLINA CIRCLE</b> <b>TITUSVILLE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D IMERESE, GRETCHEN</b> <b>2810 MELISSA CT</b> <b>MELBOURNE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE: **4-10-98**

CR2E037 (10/97)