

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27965 (5)

1. Corporation Name

PHOTORAMA INTERNATIONAL MUSEUM, INC.

Principal Place of Business

Mailing Address

C/O RICHARD A. HARMON
14330 SOUTH TAMiami TRAIL
FORT MYERS FL 33912C/O RICHARD A. HARMON
14330 SOUTH TAMiami TRAIL
FORT MYERS FL 33912-19423. Date Incorporated or Qualified
08/19/19883a. Date of Last Report
05/01/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMON, RICHARD A.
14330 SOUTH TAMiami TRAIL
FORT MYERS FL 33912

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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	DP	<input type="checkbox"/> DELETE
NAME	HARMON, RICHARD A.	
STREET ADDRESS	14330 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HARMON, JUDITH L.	
STREET ADDRESS	14330 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARMON, JAMES	
STREET ADDRESS	1259 MORNINGSIDE DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLE, WARREN	
STREET ADDRESS	400 LINCOLN ST.	
CITY-ST-ZIP	HINGHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITTS, FREDERICK	
STREET ADDRESS	47 NELSON STREET	
CITY-ST-ZIP	FRAMINGHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRUSSEY, KAREN L.	
STREET ADDRESS	8724 LA CHATEAU DR.	
CITY-ST-ZIP	FT. MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068711

CR2E037 (9/96)

Richard D. Harmon 4-2597