


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90043 023 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N27965</b>					
1. Corporation Name <b>PHOTORAMA INTERNATIONAL MUSEUM, INC.</b>					
Principal Place of Business C/O RICHARD A. HARMON 14330 SOUTH TAMiami TRAIL FORT MYERS FL 33912			Mailing Address C/O RICHARD A. HARMON 14330 SOUTH TAMiami TRAIL FORT MYERS FL 33912		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/19/1988	
22 City & State		27 City & State		4. FEI Number <b>NOT APPLICABLE</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>HARMON, RICHARD A. 14330 SOUTH TAMiami TRAIL FORT MYERS FL 33912</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	<b>HARMON, RICHARD A.</b>				
STREET ADDRESS	<b>14330 S. TAMiami TRAIL</b>				
CITY-ST-ZIP	<b>FT. MYERS FL</b>				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	<b>HARMON, JUDITH L.</b>				
STREET ADDRESS	<b>14330 S. TAMiami TRAIL</b>				
CITY-ST-ZIP	<b>FT. MYERS FL</b>				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	<b>HARMON, JAMES</b>				
STREET ADDRESS	<b>1259 MORNINGSIDE DR.</b>				
CITY-ST-ZIP	<b>FT. MYERS FL</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>NOBLE, WARREN</b>				
STREET ADDRESS	<b>400 LINCOLN ST.</b>				
CITY-ST-ZIP	<b>HINGHAM MA</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>FITTS, FREDERICK</b>				
STREET ADDRESS	<b>47 NELSON STREET</b>				
CITY-ST-ZIP	<b>FRAMINGHAM MA</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>PRUSSEY, KAREN L.</b>				
STREET ADDRESS	<b>8724 LA CHATEAU DR.</b>				
CITY-ST-ZIP	<b>FT. MYERS FL</b>				
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
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 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: Richard A. Harmon 4-15-99 941-482-7820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #