

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000039824 (6)**

1. Corporation Name

PHOTOGRAPHY & VIDEO BY EDUARD, INC.



Principal Place of Business

Mailing Address

2403 W OAK ST
KISSIMMEE FL 34741
US

P.O. BOX 421484
KISSIMMEE FL 34742-1484

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

3. Date Incorporated or Qualified

3a. Date of Last Report

06/01/1993

02/16/1995

4. FET Number

59-3185573

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

WIESCHOLEK, LYNN R
2403 W. OAK ST.
KISSIMMEE FL 34741

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 607.0502 and 607.1808, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation Registered Agent

Signature of Registered Agent or Designated Representative

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE
P
WIESCHOLEK, EDUARD R
2403 W. OAK ST.
KISSIMMEE FL 34741
V
 DELETE
WIESCHOLEK, LYNN R
2403 W. OAK ST.
KISSIMMEE FL
 DELETE
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Change Addition
14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP
18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP
22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP
26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY, ST, ZIP
30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP
34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY, ST, ZIP
38 TITLE
39 NAME
40 STREET ADDRESS
41 CITY, ST, ZIP
42 TITLE
43 NAME
44 STREET ADDRESS
45 CITY, ST, ZIP
46 TITLE
47 NAME
48 STREET ADDRESS
49 CITY, ST, ZIP
50 TITLE
51 NAME
52 STREET ADDRESS
53 CITY, ST, ZIP
54 TITLE
55 NAME
56 STREET ADDRESS
57 CITY, ST, ZIP
58 TITLE
59 NAME
60 STREET ADDRESS
61 CITY, ST, ZIP
62 TITLE
63 NAME
64 STREET ADDRESS
65 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor's 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn R. Wiescholek* Lynn R. Wiescholek 2/9/96 407 846 6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Last Name, First Name)

CR2E034 (12/95)