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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90131 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000039824

1. Corporation Name

PHOTOGRAPHY & VIDEO BY EDUARD, INC.



Principal Place of Business

35365 BONAIRE BLVD.  
SUITE 612  
KISSIMMEE FL 34741  
US

Mailing Address

1103 BARCELONA DRIVE  
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FEI 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1103 Barcelona Dr.

Suite, Apt. #, etc.

22 City & State

23 Kissimmee, FL

24 Zip 34741 25 Country Osceola

2a. Mailing Address

26 1103 Barcelona Dr.

Suite, Apt. #, etc.

27 City & State

28 Kissimmee, FL

29 Zip 34741 30 Country Osceola

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Wiescholek, Lynn R.

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

1103 Barcelona Dr.

83

84

City Kissimmee

FL

85 Zip Code 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Lynn R. Wiescholek  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WIESCHOLEK, EDUARD R  
STREET ADDRESS 3535 BONAIRE BLVD STE 612  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE V  
NAME WIESCHOLEK, LYNN R  
STREET ADDRESS 3535 BONAIRE BLVD STE 612  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Wiescholek, Eduard R.  
1.3 STREET ADDRESS 1103 Barcelona Dr.  
1.4 CITY-ST-ZIP Kissimmee, FL 34741 ☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME Wiescholek, Lynn R.  
2.3 STREET ADDRESS 1103 Barcelona Dr.  
2.4 CITY-ST-ZIP Kissimmee, FL 34741 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

Lynn R. Wiescholek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/99

Daytime Phone #

407-846-6818

CR2E034 (11/98)