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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| - | 1996 DIVISION OF CORPORATIONS | | | | | | | | | |
|----------------------|---|---------------------------------------|---------------|--------------------------------|--------------------|---------------|--|---------------------------------------|---------------------------------|---|
| 1. Corporation | Name | 0086363 (7 | ') | | | | | | | |
| BERK | PHOTOGRAPHY, INC. | | | | | | 1 100111001 110 12:00 11111 00111 00111 | | . 15118 81188 | (1114 0 - 111 00 1144 1 01 4 |
| | | • | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | | F FOR THOSE THE FREED HILLS GRANT BOIL | | (1011 0 (111 0) | IIIIO AIION IIII KODI |
| 1507 20TH A | venue west | 1507 20TH AVENUE W | Æ\$T | | | | | | | |
| PALMETTO F | L 34221 | PALMETTO FL 34221 | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 12/16/1993 | | of Last 05/01/1 | |
| 2. Principal Pla | ice of Business | 2a, Mailing Address | | | | | 4. FEI Number Applied For | | | |
| Suite, Apt. # | Letc | Suite, Apt. #, etc. | | | | | 65-0456399 | | <u> </u> | Not Applicable |
| 22 | , etc. | 27 | | | | | 5. Certificate of Status Desired | | • - | 5 Additional Bequired |
| City & State | | City & State | | _ | | | 6. Election Campaign Financing | | | 00 May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | | led to Fees |
| Zip 24 | Country 25 | Z _I p | C⊙∪ 30 | intry | <i>f</i> | | 8. This corporation has liability for Florida Statutes Yes | ntangible | tax under | s 199.032, |
| 24 | 9. Name and Address of Current | | [30] | Ι | | | 10. Name and Address of New R | | d Agent | |
| | | | | 81 | Na | me | | - 6 | | |
| BERK, TAMMY J | | | | B2 Street Addres | | | ess (P.O. Box Number is Not Acceptab | le) | | |
| | TH AVE W | | | | | | bas i ver per riemen i ver ver beeplad | .0, | | |
| PALMETTO FL 34221 | | | | 63 | | | | | | |
| | | | | 84 | City | | | | 85 | Zip Code |
| 11 Purcuant to | the provisions of Sections 607.0502 a | and 607 1509. Florido Statuto | s the ebe | | | d comer | otion as to mite this at a town at fact the | F | |) -46 |
| or registere | ad agent, or both, in the State of Florida n, and accept the obligations of, Section | i. Such change was authorize | ed by the d | corp | oratio | n's boar | ation submits this statement for the por of of directors. I hereby accept the app | pose or d pintment i | nanging it: as register: | s registered onice ed agent. I am |
| CICNIATUDE | , | , | • | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent an | | E: Registered | Agen | nt signa | lurs required | d when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS PSTD DELETE | | 13. | | | | ADDITIONS/CHANGES TO OFF | CERS AN | | |
| TITLE NAME | BERK, TAMMY J | · · · · · · · · · · · · · · · · · · · | | 1. 1 TITLE | | | | | Chang | Addition |
| STREET ADDRESS | 1507 20TH AVENUE WEST | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| CHTY - ST - ZIP | PALMETTO FL 34221 | | | | 1.4 CITY - ST- ZIP | | | | | |
| TITLE | | DELETE | | | 1 TITLE | | | · · · · · · · · · · · · · · · · · · · | Chang | e |
| NAME | | | 2 2 N | AME | | | | | _ | _ |
| STREET ADDRESS | | | 2 3 \$T | REET | ADDRE | :\$S | | | | |
| CITY-ST-ZIP | | | 2 4 CI | IY-S | iT-ZiP | | | | | |
| TITLE | | OELETE | 3 1 Ti | ITLE | | | | | Chang- | Addition |
| NAME | | | 3 2 N/ | | | | | | | |
| STREFT ADDRESS | | | | | T ADDR | ESS | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 T | | Y-ZIP | | | | ☐ Change | Addition |
| NAME | | <u> </u> | 4.2 N/ | | | | | | | |
| STREET ADDRESS | | | | | ADDRE | SS | • | | | |
| CITY-ST-ZIP | | | | | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5 1 T | | | 1 | | • | Chang- | Addition |
| NAME | | | 5 2 NA | ME | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRE | ss | | | | |
| CITY-ST-ZIP | | Delete | 5.4 Ci | _ | T-ZIP | | · · · · · · · · · · · · · · · · · · · | | | F-1 |
| TIFLE | | □ DELETE | 6 1 T | LLE | | - 1 | | | ☐ Chang- | : Addition |

6.4 CITY-S1-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 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

31/96 (qu)729-4667

CR2E034 (12/05)