## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # <b>P9400</b> "S THE ART OF PHOTOG		)		11
Principal Plac	e of Business	Mailing Address			
712 GARDEN		712 GARDEN ST			
TITUSVILLE FL 32798		TITUSVILLE FL 32796		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	01102
				01/01/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# ato	Suite, Apt. #, etc.	·	59-3218267	Not Applicable
22	#, <b>G</b> IO.	27 Soile, Apr. #, 8tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		8. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Curre	ant megistered Agent	81 Name	10. Name and Address of New Registered	Wilden
	NIEL, GREGÖRY T 70 LONGBOW DR				
	USVILLE FL 32796		82 Street	Address (P.O. Box Number is Not Acceptable)	
1			83		
			84 City		85 Zip Code
				FL	.     ¨
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the obtained name of registered a		s authorized by the corr Florida Statutes. IOTE Registered Agent's gnature	corporation submits this statement for the purpose o poration's board of directors. I hereby accept the appropriate required when reinstaling?  DATE	xxintment as registered
12.	, <del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D DANIEL COPOCOVIT	DELETE	1.1 TITLE		Change Addition
NAME	DANIEL, GREGORY T		1.2 NAME		
STREET ADDRESS	4270 LONGBOW DR TITUSVILLE FL 32796		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DANIEL, LESA R		2.2 NAME		and an indige
STREET ADDRESS	4270 LONGBOW DR		2.3 STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL 32796		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS	•	
CITY-ST-ZIP		☐ DELETE	3 4. CITY-ST-ZIP		
TITLE NAME			4.1 TITLE		☐ Change ☐ Addition
			4.034345		-
		_ better	4.2 NAME		
STREET ADDRESS		_ bitti	4.3 STREET ADDRESS		
					Change Addition
STREET ADDRESS CITY-ST-2IP		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-2IP TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

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.

Jan 23 1998 8:00am

Secretary of State