

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000052784 (3)**

1. Corporation Name

PICTURESQUE PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

**201 PARK PLACE
SUITE 302
ALTAMONTE SPRINGS FL 32701
US**

**P.O. BOX 941151
MAITLAND FL 32794-1151
US**

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3255523

Applied For

Not Applicable

6. 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

2. Principal Place of Business

21 742 W. AMELIA ST

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32805

Country

25 ~~ORLANDO~~ US

2a. Mailing Address

26 P.O. Box 540059

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32854-0059

Country

30 US

9. Name and Address of Current Registered Agent

**VAN GELDER, DAVID
201 PARK PLACE
SUITE 302
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81

Name **VAN GELDER, DAVID**

82

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

742 W. AMELIA ST

83

84

City **ORLANDO**

FL

85 Zip Code

32805

11. Pursuant to the provisions of Sections 607.032 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 this 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

David Van Gelder

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VAN GELDER, DAVID**
STREET ADDRESS **~~201 PARK PLACE, SUITE 302~~**
CITY - ST - ZIP **~~ALTAMONTE SPRINGS FL~~**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **742 W. AMELIA ST**
1.4 CITY - ST - ZIP **ORLANDO FL 32805**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 I am not an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (407) 246-1400

CR2E034 (9/96)