

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

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.

FILED
May 15 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
201 PARK PLACE SUITE 308 ALTAMONTE SPRINGS FL 32701 US		P.O. BOX 941151 MELTAND FL 32794-1151 US	
2. Principal Place of Business 21 742 W. AMELIA ST Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 540059 Suite, Apt. #, etc.	
22 23 City & State ORLANDO FL		27 28 City & State ORLANDO FL	
Zip 24 32805	Country 25 US	Zip 29 32854-0059	Country 30 US
9. Name and Address of Current Registered Agent			
<p>VAN GELDER, DAVID 201 PARK PLACE SUITE 308 ALTAMONTE SPRINGS FL 32701</p>			

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
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
<p>81 Name VAN GELDER, DAVID</p> <p>82 Street Address (P.O. Box Number is Not Acceptable) 742 W. AMELIA ST</p> <p>83</p> <p>84 City ORLANDO FL Zip Code 32805</p>	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

David Van Gelder
4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE VAN GELDER, DAVID 201 PARK PLACE, SUITE 308 ALTAMONTE SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 742 W. AMELIA ST ORLANDO FL 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I change or add an attachment with an address.

SIGNATURE: *David Van Gelder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (407)246-1400

Daytime Phone #

CR2E034 (9/96)