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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069845 (3)

DANIEL DESIGNER PHOTOGRAPHY, INC.

Principal Place of Business Mailing Address 310 SO DALE MABRY 310 SO DALE MABRY **STE 220 STE 220** DO NOT WRITE IN THIS SPACE TAMPA FL 33609 **TAMPA FL 33609** 3. Date Incorporated or Qualified 09/20/1994 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 26 65-0521252 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution  $\Box$ Added to Fees 23 28 Ζıρ Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 310 SO DALE MABRY HIGHWAY STE 220 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City Zip Code 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered blightness of, Section 607,0505, Florida Statutes. 11. Pursuant to the prov **SIGNATURE** agent and title if applicable (NOTE: Registered Agent signature required when reinstating) AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1,1 TITLE Addition TITLE 1.2 NAME PEREZ, DANIEL J NAME 11825 DERBYSHIRE DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33626 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME PEREZ, MERIDA 11825 DERBYSHIRE DRIVE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33626 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TO LE TITLE NAME 3.2 NAME

CITY-ST-ZIP nation 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 it or supplimental 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 oration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in end, or of a system with an address. 14. I hereby certify that the information supplindicated on this annual report or suppli officer or director of the co Block 12 or Block 13 if chi

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**FILED** 

Feb 09 1998 8:00am

Secretary of State