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

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the informal indicated on this annual report officer or director of the corporation.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

DOCUMENT # P95000016221 (0)

STEVEN WHITE PHOTOGRAPHY INC. Principal Place of Business Mailing Address 5736 PINETREE DR 5736 PINETREE DR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0571640 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 ☐ No 25 Personal Property Tax due June 30. 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE, STEVEN **5736 PINETREE DR** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84 85 Zip Code 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typod or pointed name of rogistered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITLE WHITE, STEVEN NAME 1.2 NAME **5736 PINETREE DR** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 C(1Y - S1 - Z(P DELETE TITLE 2.1 111LE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE ___ Addition 3.1 HIJLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-S1-ZIP DELETE TITLE 4 1 1HLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DETETE Addition Change TITLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP 🔲 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

this thing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information trullural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in