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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State
03-30-1999 90034 035 ***150.00

DOCUMENT # P95000040494

1. Corporation Name

SENSUAL IMAGES PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
2647 STONEBRIDGE DR. JACKSONVILLE FL 32223	2647 STONEBRIDGE DR. JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	**26**	59-3317276	Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country **24** **25**	Zip / Country **29** **30**	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

KEISTER, DAVID ALAN
2647 STONEBRIDGE DR.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL
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 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEISTER, JANET		1.2 NAME		
STREET ADDRESS	2647 STONEBRIDGE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEISTER, DAVID		2.2 NAME		
STREET ADDRESS	2647 STONEBRIDGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: _____   3-23-99   904 268-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)