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

DOCUMENT # P95000051232

NANCY SOLES PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
2107 63RD AVE. EAST BRADENTON FL 34203	2107 63RD AVE. EAST BRADENTON FL 34203

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90006 041 ***150.00



Principal Place	of Business	Mai	ling Address				- 	061 0810	01181 H810 H88	0 1111U 11U1 1UC1
·										
2107 63RD AVE. EAST BRADENTON FL 34203 BRADENTON FL 34203										
							DO NOT WRIT	E IN THIS	SPACE	
<u> </u>							3. Date Incorporated or Qualifed			
_			5 6 10 A A A				06/28/1995 4. FEI Number			pplied For
	ace of Business		Mailing Address				65-0593368		<u> </u>	ot Applicable
21	#	26	Suite, Apt. #, etc.				05-0595500			Additional
Suite, Apt	+, etc. 	27			-	5. Certifcate of Status Desired	<u>,</u>		equired	
City & State	•		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	·				Trust Fund Contribution			to Fees
Zip	Country		Zip	Country	/		8. This corporation owes the curre	ent year in		
24	25	29	30				Personal Property Tax.		X Yes_	□No
	9. Name and Address of Curre	nt Regist	ered Agent		Т.		10. Name and Address of New R	egistered	Agent	
001	TO MANOV A			81	Nam	ie				,
	ES, NANCY A			82	Stre	et Addre	ss (P.O. Box Number is Not Accepta	ble)		
2107 63RD AVE. EAST BRADENTON FL 34203		83								
Ores.c	2E141 C14 1 E 34203			00	ή					
				84	City			FL	85 Zip	Code
44 5	as the assistance of Soutions 607.05	02 and 60	7 1509 Florida Statutes	the above	e-name	ed como	oration submits this statement for the	DUIDOSE O	f changing its	s registered
office or re	edistered agent or both in the State	e of Florida	a. Such change was autr	ionzea ov	une co	rporation	n's board of directors. I hereby accep	t the appo	intment as re	egistered
agent. I ar	m familiar with, and accept the oblig	ations of,	Section 607.0505, Florida	a Statutes	s.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE: Re	gistered Age	mt signatu	re required	when reinstating)	DATE		
12.	· OFFICERS A	_		13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	SOLES, NANCY A.			1.2 NAME						
STREET ADDRESS	2107 63RD AVE EAST			1.3 STREE	T ADORE	SS				
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-5	ST-ZIP	<u> </u>			<u>—</u>	
TITLE			☐ DELETÉ	2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME						1
STREET ADDRESS				2.3 STREE	TADDRE	SS				== .
CITY-ST-ZIP		_		2.4 CITY-	ST-ZP				Change	Addition
ΠπLE			☐ DELETE	3.1 TITLE					Onengo	7,00,001
NAME				3.2 NAME		50				
STREET ADDRESS				3.3 STREE		55				
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	+			Change	☐ Addition
TITLE			- Deceie	4. 2 NAME	:					_ (
NAME				4.3 STREE						
STREET ADDRESS				4.4 CITY-						İ
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	ET ADDRE	ss				Į
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ET ADORE	SS				
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:

941-753-4845