

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90148 044 \*\*\*150.00

DOCUMENT # P96000004930

1. Corporation Name

PICTURE WAREHOUSE OF SARASOTA, INC.

Principal Place of Business  
8660 S TAMiami TRAIL SUITE C  
SARASOTA FL 34239

Mailing Address  
8660 S TAMiami TRAIL SUITE C  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0633905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALINCHAK, LARRY C  
8660 S TAMiami TRAIL SUITE C  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name PALINCHAK, Stephen L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6062 TAYLOR ROAD  
83 UNIT 501  
84 City NAPLES FL 85 Zip Code 34109

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 607.1505, Florida Statutes.

SIGNATURE

*Stephen L. Palinchak*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	VP	<input type="checkbox"/> DELETE
NAME	COMERIATO, ROBERT S	
STREET ADDRESS	1912 PRINCESS COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	PALINCHAK, STEPHEN L	
STREET ADDRESS	2255 IMPERIAL GOLF COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DANIEL, ALVO	
STREET ADDRESS	14941 BALD EAGLE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COMERIATO, ROBERT S	
1.3 STREET ADDRESS	1912 PRINCESS COURT	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE	VPDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PALINCHAK, STEPHEN L.	
2.3 STREET ADDRESS	2255 IMPERIAL GOLF COURSE BLVD.	
2.4 CITY-ST-ZIP	NAPLES, FL 34109	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Stephen L. Palinchak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4-20-99

Date

X941-598-3207

Daytime Phone #

CR2E034 (11/98)