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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000097577 (6) DOCUMENT # 1. Corporation Name

GEMIGNANI PHOTOGRAPHY. INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 1001/1601 (40 10/16 04/14 46/14 00/14 00/14 00/14 00/14 00/14 00/14 00/14 00/14 00/14 00/14 00/14
1515 SW 1ST AVE. 1515 SW 1ST AVE.						
FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 333			315	5		
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 12/03/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26 26			31033			65-0740407 Not Applicable
Sulte, Apt.	Suite, Apt. #, etc.	Apl. #, etc.			SR 75 Additional	
—		27				5. Certificate of Status Desired Fee Required
City & State City & S			State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Žip			Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	24 25 29 29 9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ent Hegistered Agent		81	Name	10. Maille and Address of New Neglistered Agent
GEMIGNANI, JOSEPH						
5780 PLANTATION RD. PLANTATION FL 33317				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
, ,,,	WINION / L 3331/		-	83		
			1			
			į	64	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					a-named corp	oration 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 Statules.						
SIGNATURE Signature: typed or proted racer of rigislated agent and bited hypelicable (NOTE Reg				Ago	nt signature require	ed when reinstating) DATE
12.	OFLICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFMICHANI ICOPOLI		1.1 TITLE			L] Change L. Addition
ETAA DI ANTATIONI DO			1.2 NAME 1.3 STREET ADDRESS		4000000	
DI ANTATIONI EL 22217					i i	
CFTY+ST-ZIP TITLE	V	DELETE	DELETE 2.1 TITLE		1-219	Change Addition
NAME	STEINER ROBERT		22 N			
STREET ADDRESS 8281 W. SUNRISE BLVD., ST		TE. 1207	2351		ADDRESS	
CITY-ST-ZIP PLANTATION FL 33322			2 4 CI	2 4 CITY-ST-ZIP		
TITLE	Detress.			31 TITLE		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3 4. C1	3 4. CITY - ST - ZIP		
TITLE		☐ DELETE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Delete	4.4 CITY-ST-ZIP		T-ZIP	☐ Change ☐ Addition
TITLE DELETE			5.1 TITLE		C charge Notice	
NAME			5.2 NA		ADDOCCO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CI		1-21	Change Addition
TITLE NAME		brerie	6.2 NA			
STREET ADDRESS					ADDRESS	
			į,	4 CITY-ST-ZIP		
Ont-Of-En			V. 101			Continue 140 07/07/2) Florida Cintutos I further portifu that the information

14. Thereby 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.