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

PROFIT CORPORATION ANNUAL REPORT

1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099242 (5)

ROWE'S PHOTOGRAPHY STUDIO, INC.

FILED May 06 1998 8:00am Secretary of State



Delegate of Disc	and Durainana	Maillean Address				
Principal Place of Business Mailing Address Mailing Address						
5130 NORTH FEDERAL HIGHWAY. SUITE 12 5130 NORTH FEDERAL HI FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33				SUII	IE 12	
FORT ENGLENDALE PC 33300		TOTAL ENDOCHDARE LE 03300				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/01/1997
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		Cuite Apt # etc				Not Applicable
Suite, Apt.	#, G IC.	Suito, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	· - · - · · · ·			8. This corporation owes or has paid the current year Intaggible
24	25	29	30	30		Personal Property Tax due June 30. 🔲 Yes 💹 No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
	ERILAWYER CHARTERED			81	Name	
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33134			83		
				33		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Sta	atutes the a	bove	a-named	*=.
11. Pursuant to the provisions of Sections 607 05:02 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature: type-flor previous name of regularization and a reflate if application (NOTE Registered Agent signature required when reinstating)						required when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	ROWE, DAVID J		1.2 N	AME		
STREET ADDRESS 5130 NORTH FEDERAL HIGHWAY, SUI			1.3 STREET ADDRES		ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 3330				T- Z (P	·
TITLE		☐ DELETE				Change Addition
NAME			2.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE			ST-ZIP	Change Addition
TITLE			3.1 Ti			Change C Addition
NAME CIDEET ADDOESS			3.2 N		ADDRESS	
STREET ADDRESS CITY-ST-ZIP						
TITLE		DELETE	3.4. CITY-ST-ZIP DELETE 4.1 TITLE		11.411	☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-\$T-ZIP				IY-S		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-S	T · ZIP	
TITLE		DELETE	DELETE 6.1 TITLE			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$	REET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - ST - ZIP		
4.4 I hereby /	cortify that the information supplied a	with this filmer doos not qualit	fy for the ove	omn	tion state	ed in Section 119.07(3)(i). Florida Statutes, I further certify that the information

14. I hereby certify that the information supplied with this filing closes 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 frusted 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 organ attachment with an address.

CIONATURE.