

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073322 (4)

1. Corporation Name  
PRISM PHOTOGRAPHY, INC.

Principal Place of Business 6001-27 ARGYLE FOREST BLVD. SUITE 238 JACKSONVILLE FL 32244	Mailing Address 6001-27 ARGYLE FOREST BLVD. SUITE 238 JACKSONVILLE FL 32244
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/17/1997

2. Principal Place of Business 21 1177 Park Avenue Suite, Apt. #, etc. 22 Suite 5 City & State 23 Orange Park, FL Zip 24 32073 Country 25 USA	2a. Mailing Address 26 1177 Park Avenue Suite, Apt. #, etc. 27 Suite 5 City & State 28 Orange Park, FL Zip 29 32073 Country 30 USA
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4. FEI Number 59-3458141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STOUT, ROBERT A  
6001-27 ARGYLE FOREST BLVD.  
SUITE 238  
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name Robert A. Stout
82 Street Address (P.O. Box Number is Not Acceptable) 304 Island View Circle
83
84 City Orange Park
85 Zip Code FL 32073

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

(NOTE: Registered Agent signature required when reinstating)

4-10-98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	0 <input type="checkbox"/> DELETE
NAME	STOUT, ROBERT A
STREET ADDRESS	6001-27 ARGYLE FOREST BLVD. STE. 238
CITY - ST - ZIP	JACKSONVILLE FL 32244

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stout, Robert A.
1.3 STREET ADDRESS	304 Island View Circle
1.4 CITY - ST - ZIP	Orange Park, FL 32073

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas J. Lonas, Jr.
2.3 STREET ADDRESS	9559 Springer Place
2.4 CITY - ST - ZIP	Jacksonville, FL 32244

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Darlene F. Stout
3.3 STREET ADDRESS	304 Island View Circle
3.4 CITY - ST - ZIP	Orange Park, FL 32073

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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.

SIGNATURE: 

4-10-98

904-908-9222

CR2E034 (10/97)