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 # P97000100902

Country

9. Name and Address of Current Registered Agent

25

GLAVIN, GRACE A ESQ.

1. Corporation Name

RAYMOND MERTENS PHOTOGRAPHY. INC.

Principal Place of Business 926 WILLOW RUN LANE WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

926 WILLOW RUN LANE WINTER SPRINGS FL 32708

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

28

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Zip

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90021 036 ***150.00

DO NOT WRITE IN THIS SPACE									
3.	Date Incorporated or Qualifed 11/18/1997		0 01 7102						
4.	FEI Number 59:3479211			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 curre Personal Property Tax.	ent year l	ntangible	>					
10.	Name and Address of New R	legistere	d Agent						

1340 TUSKAWILLA RD., SUITE 106 WINTER SPRINGS FL 32708 83 City 85

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.

Country

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Street Address (P.O. Box Number is Not Acceptable)

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	·····	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MERTENS, RAYMOND G	ľ	1.2 NAME			
STREET ADDRESS	926 WILLOW RUN LANE		1.3 STREET ADDRESS			,
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MERTENS, ANNE L		2.2 NAME			
STREET ADDRESS	_926 WILLOW RUN LANE	,	2.3 STREET ADDRESS	٠		2 -
CITY+ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-\$T-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS	<u>-</u>		3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE .	•	DELÉTE	5.1 TITLE		☐ Change	Addition (
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE ANSWER	STEVERS SO A 198	DELETE	6.1 TITLE		Change	☐ Addition
NAME	Rest and section		6.2 NAME			
STREET ADDRESS	Section (1) Section (1)		6.3 STREET ADDRESS			
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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (44/98)...

Zip Code