## 5.8.98 B (831) C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P9800000568 (9)

PROFIT CORPORATION ANNUAL REPORT

1998

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 08 1998 8:00am Secretary of State

PICTU	RE WAREHOUSE OF OR	LANDO, INC.	(-)					
Principal Plac	e of Business	Mailing Address	Mailing Address					
6062 TAYLOR ROAD NAPLES FL 34109		6062 TAYLOR ROAD NAPLES FL 34109				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						12/30/1997		
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For Not Applicab		
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	30 Co	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent				81	10. Name and Address of New Registered Agent			
COMERIATO, ROBERT S 6062 TAYLOR ROAD NAPLES FL 34109						t Address (P.O. Box Number is Not Acceptable)		
				84	City	FL 85 Zip Code		
office or r	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o	itate of Florida. Such change	was authorize	d by	the corp	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typied or printed name of registere	d econt and title if applicable	(NOTE: Begisters	d Age	nt tionature	re required when reinslating) DATE		
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D			1.1 TITLE		Change Addition		
NAME	COMERIATO, ROBERT S			1.2 NAME		COMERIAFO, ROBURTS		
STREET ADDRESS				1.3 STREET ADDRESS 🖊		19/2 PAINCESS COURT		
CITY-ST-ZIP	NAPLES FL 34110			1.4 CITY-ST-ZIP		NAPLIS FL 34112		
TITLE	D	☐ DELET	DELETE 2.11			O/VP Addition		
NAME	PALINCHAK, STEPHEN L		2.2 N	AME		PALINCHAK, STEPHEN C 2251 Superial boll Course Blok		
STREET ADDRESS	2255 IMPERIAL GOLF CO	urse BLVD.	2.3 \$	TREET	ADDRESS	2251 TMP ENIAL GOIL CONTE DIVE		
CITY-ST-ZIP	NAPLES FL 34110			CITY - S	T-ZIP	NAMELY FL 34112		
TITLE	) <del>-</del>		1	LILTE /		DISEC IF Addition		
NAME	ALVO, DANIEL	_	3.2 N	AME		14941 BAIR LAGIE DA.		
STREET ADDRESS	I 18020 SAN CARLOS BLV	D.	3.3 S	TREET	ADDRESS	14941 BAIN 4991		

14. Thereby certify that the information supplied with this filling 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 trustoo impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open any attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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P.O. BOX 33, MAISON TRINITY, TRINITY SQ.

ST. PETER PORT GUERNSEY CH.IS GY14A-T

FORT MYERS FL 33931

SEYMOUR, BARRY

CITY-ST-ZIP

STREET ADDRESS

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CITY - ST-ZIP

TITLE

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NAME

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Change

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