

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 # P98000000568

1. Corporation Name

PICTURE WAREHOUSE OF ORLANDO, INC.

Principal Place of Business

6062 TAYLOR ROAD
NAPLES FL 34109

Mailing Address

6062 TAYLOR ROAD
NAPLES FL 34109

2. Principal Place of Business

21 6062 TAYLOR ROAD

Suite, Apt. #, etc.

22 UNIT 501

City & State

23 NAPLES, FL

Zip

24 34109

Country

2a. Mailing Address

26 6062 TAYLOR ROAD

Suite, Apt. #, etc.

27 UNIT 501

City & State

28 NAPLES, FL

Zip

29 34109

Country

30

9. Name and Address of Current Registered Agent

COMERIATO, ROBERT S
6062 TAYLOR ROAD
NAPLES FL 34109

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

65-0804158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

COMERIATO, ROBERT S

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

6062 TAYLOR ROAD

83

UNIT 501

84 City

NAPLES

FL

85 Zip Code

34109

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COMERIATO, ROBERT S
STREET ADDRESS 1912 PRINCESS COURT
CITY-ST-ZIP NAPLES FL 34110

☐ DELETE

TITLE DVP
NAME PALINCHAK, STEPHEN L
STREET ADDRESS 2255 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP NAPLES FL 34110

☐ DELETE

TITLE DST
NAME ALVO, DANIEL
STREET ADDRESS 14941 BALD EAGLE DR
CITY-ST-ZIP FT MYERS FL 33912

☐ DELETE

TITLE D
NAME SEYMOUR, BARRY
STREET ADDRESS P.O. BOX 33, MAISON TRINITY, TRINITY SQ.
CITY-ST-ZIP ST. PETER PORT GUERNSEY CH IS GY14A-T

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE DVP
2.2 NAME PALINCHAK, STEPHEN L
2.3 STREET ADDRESS 2255 IMPERIAL GOLF COURSE BLVD.
2.4 CITY-ST-ZIP NAPLES, FL 34109

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

941-598-3207

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90148 050 ***150.00



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