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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000017714 1. Corporation Name SPORT SHOT PHOTOGRAPHIC, INC.						
Principal Place of Business Mailing Address						- I CORLIDAL LIM IBIDI SOLIL DOLLE DOLLE DOLLE DOLLE SOLIL SOLIL SOLIL SOLIL SOLIL BERL BERL IBIL BERL IDES
8148 CAMERON CAY COURT NEW PORT RICHEY FL 34653 8148 CAMERON CAY COURT NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
						02/23/1998
2. Principal Pl	ace of Business	2a. Mailing Address 26		•	•	4. FEI Number Applied For S9 - 349 76 9 4 Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired
City & State					**	6. Election Campaign Financing \$5.00 May Be
23	y a state Style State					Trust Fund Contribution Added to Fees
Zip	Country	Zip Cou		try		This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
BIERWEILER, RAYMOND H 9039 LITTLE ROAD				81	Name	
				82 Street Add		ress (P.O. Box Number is Not Acceptable)
NEW PORT RICHEY FL 34654						
HEW FORT THORIEF FE 04004			[83		
		· .		84	City	FL 85 Zip Code
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						ad when reinstating) DATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent ski 12. OFFICERS AND DIRECTORS 13.			signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
πηLE			1.1 TITL	E		☐ Change ☐ Addition
NAME			1.2 NAN	Æ		
STREET ADDRESS			1.3 STR	EET.	ADDRESS	·
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CIT	Y-ST	-ZIP	
TITLE	D . □ DELETE 2.11		2.1 1111	E		☐ Change ☐ Addition
NAME			2.2 NAA	Æ		•
STREET ADDRESS	•••••••		2.3 STR	REET	ADDRESS	
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITL			☐ Change ☐ Addition)
NAME			3.2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CIT 4.1 TITL		T-ZIP	☐ Change ☐ Addition
TITLE	•	□ ocrete	4.1 IIIL			
NAME CTREET ADORESS	- •				ADDRESS	
STREET ADDRESS			4.3 S I F			
CITY-\$T-ZIP		Delete	5.4 CH			☐ 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 comporation 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 grianged, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition