**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000073952

1. Corporation Name

PHOTO CAMERA REPAIR & SERVICE, INC.

Principal Place of Business	Mailing Addre						K <b>(3</b> 88) <b>10</b> 8)/ <b>1</b>	INI <b>(1168)</b> (166 <b>)</b> (1	(  Distr (8)	EH 105)
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2773 W. FOREST HILL BOULEVARD Suite 1201	SUITE 1201	12773 W. FOREST HILL BOULEVARD SUITE 1201					MITTERS TO	UP CDACE		
		WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
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	1 A 14-0in a 4				08/24/199 4. FEL Number	0		17	Applied	For
2. Principal Place of Business	2a. Mailing A	OCI 622	`	· · ·	65-	noz a	147	~ <u></u>	Not Appl	
Suite, Apt. #, etc.	26 Suite, Apt	t. #. etc.				<del>/ 0 ~ / -</del>		\$8.75	Additio	nal
2	27			- 1	5. Certificate of	Status Desired		Fee	Require	1
_ City & State	City & Sta	ate			6. Election Cam	palgn Financii	سدادا ب	\$5.0	O May	Ве
	28				Trust Fund C				d to Fee	s
Zip Country	Zip	`	ountry ==		8. This corporat		current year		<del>Virus</del> □Na	·
25	29	30			Personal Pro				No	==
9. Name and Address	of Current Registered Age	nt	941 N		10. Name and A	caress of No	M Kedister	ed WBaur		
FROEHLICH, JOHN F			81 N	ems				.,		
12773 W. FOREST HILL BO	I E FVARD			treet Address	Address (P.O. Box Number is Not Acceptable)					
SUITE 1201	THE TANK		83							
WELLINGTON FL 33414						<u> </u>				
			84 Ci	ity			F	-   85   Zi	p Code	
Pursuant to the provisions of Section office or registered agent, or both, in	- 807 0502 and 607 1508 E	lorida Statutes the	above-na	med corpora	ntion submits this	statement for	the purpose	of changing	its regist	ered
office or registered agent, or both, in	the State of Florida. Such chair the obligations of, Section 6	hange was authoriz 07.0505, Florida St	ed by the atules.	corporation	s poard or directo	rs. I nereby ac	Cehr na mh	pombnemes	TO SHOW!	
agent, i am ramiliar with, and accept	•									
SIGNATURE				neture required wi	nen reinstating)		DATE			
SIGNATURE Signature, typed or profed name of n			red Agent sign	ature required wh	nen reinstating) ADDITIONS/C	HANGES TO		AND.DIREC	TORS.IN	1.12
SIGNATURE Signature, typed or provided rearns of r	registered agent and lide if applicable	(NOTE: Registe	red Agent sign	nature required wi	ADDITIONS/C		OFFICERS	AND DIREC	TORS.IN	1_12 Addition
SIGNATURE Signature, typed or provided name of r	registered agent and tide if applicable ICERS AND DIRECTORS	(NOTE: Registe	red Agent sign	PAU	ADDITIONS/C		OFFICERS	AND DIREC	TORS.IN	1.12_c Addition
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SIGNATURE  Signature, typed or proved name of r  12. OFF  D  AME. D  PALENCIA, GUILLERM  12773 W. POREST HI  WELLINGTON PL 334	registered agent and tide if appropried ICERS AND DIRECTORS  IO	(NOTE: Register   1.1	Agent sign 3. TITLE NAME STREET ADD CITY-ST-ZP	PAU RESS 42	ADDITIONS/C ENCIA-GA 75 OKER	LILER	OFFICERS	AND DIRECTOR	<u> </u>	Addition
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Mar 02, 1999 8:00 am Secretary of State

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