

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90012 001 ***550.00

DOCUMENT # **P98000081616**

1. Corporation Name

PHOTOSHOS, INC.

Principal Place of Business

7310 WESTPOINTE BOULEVARD
UNIT 616
ORLANDO FL 32835

Mailing Address

7310 WESTPOINTE BOULEVARD
UNIT 616
ORLANDO FL 32835

2. Principal Place of Business

21 **1705 Lyndale Blvd**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1705 Lyndale Blvd**
Suite, Apt. #, etc.

22

City & State

23 **Maitland, FL**

Zip

24 **32751**

County

USA

27

City & State

28 **Maitland, FL**

Zip

29 **32751**

Country

30 **USA**

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

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: **PRESIDENT BRIAN J KURLANDER 8/10/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KURLANDER, BRIAN J 7310 WEST POINTE BOULEVARD ORLANDO FL 32835	<input type="checkbox"/> DELETE	1.1 TITLE	1705 Lyndale Blvd Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURLANDER, BERNARD J 7310 WEST POINTE BOULEVARD ORLANDO FL 32835	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	1705 Lyndale Blvd Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
			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 changed, or on an attachment with an address.

SIGNATURE: **BRIAN J. KURLANDER 644-5358**

CR2E034 (5/99)