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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095238 1. Corporation Name

THE CAMERA COMPANY U.S.A., INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90049 011 ***150.00



Principal Place of Business Mailing Address 15310 AMBERLY DRIVE, SUITE 175 15310 AMBERLY DRIVE. SUITE 175 TAMPA FL 33647 TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59*-35* Not Applicable 26 **\$8.75** Additional_ Suite, Apt. #, etc. Suite, Apt. #, etc. 5-Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zìp 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PARNELL, THOMAS E 82 Street Address (P.O. Box Number is Not Acceptable) 15310 AMBERLY DRIVE, SUITE 175 TAMPA FL 33647 83 85 Zip Code 84 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE ☐ Change 1.1 TITLE TITLE PARNELL, THOMAS E 1.2 NAME NAME 15310 AMBERLY DRIVE, SUITE 175 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33647 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITT F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. 1 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 suppliemental 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 man attachment with an address, with all other like empowered.

SIGNATURE: