

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 # P98000100631

1. Corporation Name
DOUG'S PHOTOGRAPHY AND VIDEO, INC.

Principal Place of Business
1650 SOUTHEAST 17TH STREET
SUITE 301
FORT LAUDERDALE FL 33316

Mailing Address
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET,
SUITE 301
FORT LAUDERDALE FL 33316-1735

FILED

99 AUG 23 AM 10:31

SECRETARY OF STATE
KATHERINE HARRIS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 4700 NORTHEAST 19TH AVENUE	26 C/O GRUBER AND ASSOCIATES, P.A.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 #34	27 1650 SOUTHEAST 17TH STREET, SUITE 301		
City & State	City & State		
23 FORT LAUDERDALE FL	28 FORT LAUDERDALE, FL		
Zip	Zip		
24 33308	29 33316-1735		
Country	Country		
25 US	30 US		

3. Date Incorporated or Qualified 12/03/1998	
4. FEI Number 65-0881893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EATON, DOUGLAS D.
1650 SOUTHEAST 17TH STREET
SUITE 301
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent - CORRECTED

81 Name EATON, DOUGLAS D.
82 Street Address (P.O. Box Number is Not Acceptable) 4700 NORTHEAST 19TH AVENUE, APARTMENT 34
83
84 City FORT LAUDERDALE
FL
85 Zip Code 33308

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, 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	D/P	1.1 TITLE	Director
NAME	EATON, DOUGLAS D.	1.2 NAME	EATON, DOUGLAS D.
STREET ADDRESS	1650 SOUTHEAST 17TH STREET	1.3 STREET ADDRESS	4700 NORTHEAST 19TH AVENUE, APARTMENT 34
CITY-STATE-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-STATE-ZIP	FORT LAUDERDALE, FL 33308
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

954-522-2222

Daytime Phone #

CR2E034 (11/98)