

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 # S33216

1. Corporation Name

PICTURES PLUS, INC.

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90133 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
790 NEAPOLITAN WAY, SOUTH NAPLES FL 34103 US		790 NEAPOLITAN WAY, SOUTH NAPLES FL 34103 US	
2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
Suite, Apt. #, etc.		27	
22		City & State	
City & State		28	
23		Zip Country	
Zip		25 <i>Coaster</i>	29
24		30	Country

9. Name and Address of Current Registered Agent

MULLER, JENNIFER L.  
5708 DEAUVILLE CIRCLE, J205  
NAPLES FL 33962

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
FL		

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, ROBERT W	1.2 NAME	
STREET ADDRESS	965 ALPINE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ 07666	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, LYNETTE H.	2.2 NAME	
STREET ADDRESS	965 ALPINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ 07666	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, JENNIFER L.	3.2 NAME	
STREET ADDRESS	5708 DEAUVILLE CIRCLE, J205	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Robert W. Muller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 201-837-1825

Daytime Phone #

CR2E034 (11/98)