FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V68960

(6)

oporation warte

PICTURE WAREHOUSE, INC.

110101	IL WALL									
Principa' Place of Business				Mailing Address					- 1 1881) ACCALA BINDE EDITE ERINE BEIN BOLD BIBIT BEBET BEBTT BEBET BEBTT BEB	
5062 TAYLOR ROAD UNIT 501 NAPLES FL 33942				6062 TAYLOR ROAD UNIT 501 NAPLES FL 33942				:		
NATES FE	N342			MARILEO IL SSOME					3. Date Incorporated or Qualified 09/29/1992 3a. Date of Last Report 05/01/1995	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	
21				26					65-0362758 Not Applicab	le
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be	1
23				28				* ***	Trust Forta Contribution Added to Fees	_
Zip		Country		Zip		Countr	У		8. This corporation has liability for intangible tax under s 199.032,	
24	25			9 30					Florida Statutes Yes No	_
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent	{
						8-	1	Name		
Palinchak, Stephen L.						82	2	Street Addres	ss (P.O. Box Number is Not Acceptable)	
6062 TAYLOR ROAD				ļ			4-			\dashv
UNIT 501							3			
NAPLES FL 33942						84		Crty	FL 85 Zip Code	
or register familiar wi	rediagent or	ions of Sections 607.0502 both, in the State of Florio pt the obligations of, Sect	ta. Suc	h change was authorize	s, the d by t	above the cor	po	imed corporati ration's board	tion submits this statement for the purpose of changing its registered off d of directors. I hereby accept the appointment as registered agent. I am	ice :
SIGNATURE .	Signature, typed	or printed name of registered agent	and this if	applicable. (NOI	E Flegs	stored Ag	ent	signature required w	when reinstating) DATE	
12. OFFICERS AND				XRECTORS 13.			i3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12]
TITLE	D COMERIATO, ROBERT S.			☐ DELETE		1. 1 T:TLE	:		Change Addition	1
NAME				1.3			:	1		
STREET ADDRESS					1.3 STF			ADDRESS		
CITY - ST - ZIP	NAPLE	S FL				1.4 CITY	- 51	- ZIP		
TITLE	D			DELETE 2 11			Ē		Change Addition	1
NAME		CHAK, STEPHEN L.			-	2.2 NAMI	Ē			
STREET ADDRESS				2.3 S		2.3 STRE	ET A	ADDRESS		
CHY-ST-ZIP	NAPLES FL			2.4 C				- ZIP		
TITLE				DELETE		3. 1 TITU	Ē		Change Addition	n :
NAME						3.2 NAM	Ε			
STREET ADDRESS						3.3. STR	ΕI	ADDRESS		
CITY-ST-ZIP	<u> </u>					3.4 C·TY	- ST	- ZIP		
TITLE	i			DELETE		4 1 TITL	ŧ		Change Additio	Л
NAME					ŀ	4 2 NAM	Ε			
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP						4.4 CITY		:-ZIP		
TITLE				DELETE		5 1 TIYL			Change Addition	U
NAME						5.2 NAM	E			
STREET ADDRESS						5 3 S1R8	ŧΤ.	ADDRESS		1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapter on an attachment with an address.

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

X Mrs.

(941) 598-3207

Change

Addition

CR2E034 (12/95)