FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F15939

EAGLE PHOTOGRAPHICS, INC.

FILED

Feb 18 1997 8:00am

Secretary of State

Principal Place 3612 SWANN A TAMPA FL 3380	VENUE	Mailing Address 3612 SWANN AVENUE TAMPA FL 33609-4518	 	<u>-</u>					
						3. Date Incorporated or Qualified 01/23/1981	3a. Date of 02/20/	f Last Ro 1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-2048758	Applied For Not Applicable		
Suite, Apt	Suite, Apt. #, etc.	, Apt. #, etc.			Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional guired	
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29	30 Co	intry		1	Yes 🔲 N	under s. Io	***************************************
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	platered Age	nt	
	le, William H, JR			81	Name				
4319 CLEVELAND ST TAMPA, FL				82	Street Ac	ot Address (P.O. Box Number is Not Acceptable)			
3360	•			83			***************************************		
				84	City		FL ⁶	5 Zip (Code
agent La	m familiar with, and accept the ob- Signature, typed or puriou name of registered	ligations of, Section 607.0505, F	lorida Sta	tutes	š.	ration's board of directors. I hereby acceptions board of directors. I hereby acceptions acception of the second o	DATE		
TITLE	DPS OFFICERS /	DELETE	1.1 T	eri r		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	EAGLE, WILLIAM H, JR	L.J PLLLIC	1.2 N		ĺ		L	O KANGO	☐ Addiction
STREET ADDRESS	4319 CLEVELAND ST				ADDRESS				
CITY-SI-ZIP	TAMPA, FL 00000								
TITLE		DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAME (221		- 1		,	. •	
STREET ADDRESS			2.3 \$	TREET	ADDRESS				
CHY-ST-ZIP			2.4	ary-s	ST-ZIP				
TITLE		☐ DELETE	3.1 T	ITLE				Change	☐ Addition
NAME (3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP		Three			ST-ZIP			Ohner	Aparet
TITLE		☐ DELETE	4.1 T	-			LJ	Change	Addition
NAME				VAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 7	ITY - S	1-ZIP			Change	Addition
NAME		Otter	5.2 h				ل يب	J 194	
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP					T-ZIP				i
TITLE		DELETE	6.1 T		. 211			Change	☐ Addition
NAM:			6.2 N		1			-	
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP			1 1		T-ZIP				

I do 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 operation with an address.

GNATURE: