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Apr 26, 1999 8:00 am
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04-26-1999 90193 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K37908**

1. Corporation Name
FOTO JUNCTION, INC.

Principal Place of Business
 % D. DONALD SMITH
 1301 99TH ST.
 BAY HARBOR ISLANDS FL 33154

Mailing Address
 % D. DONALD SMITH
 1301 99TH ST.
 BAY HARBOR ISLANDS FL 33154



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1988

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SMITH, D. DONALD
1301 99TH ST.
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD	
NAME	SMITH, D. DONALD	
STREET ADDRESS	1301 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	
NAME	HECHT, LAWRENCE S.	
STREET ADDRESS	1301 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	BLANK, CY	
STREET ADDRESS	1301 99TH ST.	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SMITH, D. DONALD		
1.3 STREET ADDRESS	1301 - 99th Street		
1.4 CITY-ST-ZIP	Bay Harbor Islands, FL		
2.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	NAOMI R. SMITH		
2.3 STREET ADDRESS	1301 - 99th Street		
2.4 CITY-ST-ZIP	Bay Harbor Islands, FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: D. Donald Smith **D. DONALD SMITH** 4-21-99 305-865-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)