

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07791 (9)

1. Corporation Name

THE SOCIETY OF PHOTOGRAPHIC ART, INC.



Principal Place of Business

C/O WADE CALDELL
390 SW 55 TERRACE
PLANTATION FL 33317

Mailing Address

C/O WADE CALDELL
390 SW 55 TERRACE
PLANTATION FL 33317

2. Principal Place of Business

21 5201 N.E. 18 Avenue

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Fort Lauderdale, FL

Zip

24 33334-5228

Country

25 USA

2a. Mailing Address

26 5201 N.E. 18 Avenue

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Fort Lauderdale, FL

Zip

29 33334-5228

Country

30 USA

3. Date Incorporated or Qualified

02/22/1985

3a. Date of Last Report

04/12/1995

4. FEI Number

65-0127713

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CALDWELL, WADE
390 S.W. 55 TERRACE
PLANTATION FL 33317

81 Name

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

5201 N.E. 18 Avenue

83 Apt. #3

84 City

Fort Lauderdale

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
CALDWELL, WADE
390 SW 55 TERR.
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DF
KING, KEVIN
3613 N.W. 9TH AVE.
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORTON, GAYLE
558 LAKESIDE CIR.
SUNRISE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FOSTER, DIANE
9842 N.W. 2 CT
PLANTATION FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
LOPEZ, RAY
1858 NW 97TH AVENUE
PLANTATION FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, JR. S
310 SE 11TH AVE, #77
FT. LAUDERDALE FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wade Caldwell Wade Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

(954) 581-0024

Daytime Phone #

CR2E037 (12/95)