

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

FILED
Apr 16 1998 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # **P94000008033 (0)**

1. Corporation Name
MARTINOT PHOTO STUDIO, INC.



Principal Place of Business Mailing Address
155 HATAWAY DRIVE ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/24/1994

2. Principal Place of Business 2a. Mailing Address
 21 **1304 Classic Dr.** 26 **1304 Classic Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
Longwood, FL **Longwood, FL**
 Zip Country Zip Country
 24 **32701** 25 **USA** 29 **32779** 30 **USA**

4. FEI Number Applied For
59-3223174 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MOORE, BENJAMIN H.
1400 W. FAIRBANKS AVE.
#201
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTINOT, RAYMOND	
STREET ADDRESS	1304 CLASSIC DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTINOT, ANNE	
STREET ADDRESS	1304 CLASSIC DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WINTER, SEVERINE	
STREET ADDRESS	155 HATAWAY DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 appointed 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.

SIGNATURE: *Severine Winter* **4/16/98**

CR2E034 (10/97)