

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P96000006446**
1. Corporation Name: **FPC CAMERA SHOWS, INC.**

Principal Place of Business: **1031 SW 67 TERR. PLANTATION, FL. 33317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country

2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country

3. Date Incorporated or Qualified: **JAN 1996**

4. FEI Number: **65-0642908** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **MARY EARNEST**

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

83: **6800-B GRIFFIN ROAD**

84 City: **DAVIE** FL 85 Zip Code: **33314**

11. Pursuant to the provisions of Sections 607.0952 and 607.1538, 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 provisions of Section 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **21 APRIL 98**

12. OFFICERS AND DIRECTORS

TITLE PRES.	CANTUILLE COWEY <input type="checkbox"/> DELETE
NAME	1031 SW 67 TERR. PLANTATION, FL. 33317
STREET ADDRESS	
CITY-ST-ZIP	
TITLE OLD	CANTUILLE SUZANNE <input type="checkbox"/> DELETE
NAME	1031 SW 67 TERR. PLANTATION, FL. 33317
STREET ADDRESS	
CITY-ST-ZIP	
TITLE OLD	GREEN, ERIC <input type="checkbox"/> DELETE
NAME	15189 SCOTT PL. LOKAHATCHEE, FL. 33470
STREET ADDRESS	
CITY-ST-ZIP	
TITLE OLD	SABET, MASSOUD <input type="checkbox"/> DELETE
NAME	9741 NW 7 CIR. PLANTATION, FL. 33324
STREET ADDRESS	
CITY-ST-ZIP	
TITLE OLD	GODSEY, DENNIS <input type="checkbox"/> DELETE
NAME	900 SW 13 CT. PONDANO BEACH, FL. 33060
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000002524140
63 STREET ADDRESS	-05/14/98--01089--042
64 CITY-ST-ZIP	***150.00

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 similar 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 or power of attorney 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 attached print-out an address.

SIGNATURE: *[Signature]* DATE: **4/21/98** (954) 581-5160

CFR2E034 (10/97)