FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1	996	DIVISION OF C	ORPORATIONS						
DOCUM 1. Corporation									
NORTO	N'S CAMERA CENTER I	INC.							
Principal Place	ol Business	Mailing Address	<u> </u>						
1481	Main Street	1481 Main St	reet						
Saras	ota, FL 34236	Sarasota, FL	34236	3, [Date Incorporated or Qualil	ied 3a. Date	of Last Repo	orl)
					07/01/48		/13/95		
2. Principal Pla	ice of Business	2a. Mailing Address		4. F	El Number 59-0586672		<u> </u>	Applicable	
Suite, Apt #	. etc	Suite, Apt. #, etc.		5 (Certificate of Status Desired	a 🗆	\$8.75 A	dditional	
22		27 Cit. 9 State			Election Campaign Financi		Fee Req \$5.00 N	<u> </u>	1
City & State		City & State		1	Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country		This corporation has liabilit Florida Statutes		tax under s.	199 032.	
24	9. Name and Address of Curren	29 t Registered Agent	30		Name and Address of Ne		Agent		
			81 Name	Jonath	han Bridgford	CPA			
Tom Cook			82 Street A	ddress (P.	O. Box Number is Not Acc Orange Avenu	eptable)			
1481 Main Street Sarasota, FL 34236			83	113 0	· Orange Avenu				1
Saras	iota, FL 34230		B4 City				85 Zip C	Code	1
4	o the provisions of Sections 607.050.	0 and CO7 4500 Floride Statut		Saras		the nurnose of	i obong na ita	conictored	┥
office or re	o the provisions of Sections 607.050. costared agent, or both, in the State n familiar with, and accept the obliga	of Florida, Such change, was a close of Section 607 6105. Ele	authorized by the corporate Statutes	oration's bo	oard of directors. I hereby	accept the app	ontment as r	registered	
SIGNATURE	brown XI will		Jonathan	Bridg	ford CPA				
12.	Signature, typed or printed name of registered as OFFICERS ANI		F. Hegistered Agent signature r 13.	required when ?	reinstating) DDITIONS/CHANGES TO (DATE OFFICERS AND	DIRECTOR:	S IN 12	/95)
TILE	PD	[_] DELETE	1 1 TITLE				XX Change	Addition	CR2E034 (12/95
NAME	Tom Cook		1.2 NAME	4907	14th St. W				88
STREET ADDRESS CITY-ST-ZIP	1481 Main Street Sarasota, FL 342	36	1 3 STREET ADDRESS 1 4 CHTY - ST - ZIP		nton, FL				RZE
TITLE	VPD	X DELETE	2 1 TITLE				Change	Addition	P
NAME	Allen Cook		2 2 NAME 2 3 STREET ADDRESS						
STREET ADDRESS CITY ST ZIP	1481 Main Street Sarasota, FL 342	36	24 CHY-SI ZIP						
TITLE	SD SD	DELETE	3 1 TITLE	ST	1 4 0 - 1		XX Change	Addition	
NAME	Mildred A. Cook		3.2 NAME 3.3 STREET ADDRESS		ed A. Cook Main Street				
STREET ADDRESS CITY-ST-7IP	1481 Main Street Sarasota, FL 342	36	3 4 City St. ZIP		ota, FL 34236)			
TITLE	S	X DELETE	4 1 TITLE				Change] Addition	
NAME STREET ADDRESS	Suzanne Cook 1481 Main Street		4 2 NAME 4 3 STREET ADURESS						
CITY ST ZIP	Sarasota, FL 342	36	4.4 CITY ST-ZIP						
TIFLE		DELETE	5 1 TITLE				Change	Addition	
NAME CTOSET ADODESC			5.2 NAME 5.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIF			5 4 CITY - S1 - ZiP						
TITLE		DELETE	6 1 1111.6		300001 -03/26/96	7567	Change	Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		-03/26/96 ***200.00	01028()18		
C1TV - S1 - 7(P			6.4 CHTY-ST-ZIP					$Ld\mu$	A
	by certify that the information sopplie rtify that the information indicated on	d with this filing is voluntarily fi this annual report or supplem	lurnished and does not nental annual report is	t qualify for true and ac	the exemption stated in Sccurate and that my signat	action 119 07(3 ure shall have	3)(k), Florid the same og	statutes I Aufficit a	1/2
made und that my na	by certify that the information sooplie ritify that the information indicated on Jer oath, that I am an officer or a rec ame appears in Block 12 or Bigck 13	for of the corporation of the re if changed of on an axiachm	ceiver or trustee empo nent y 'n an address	wered to e	xecute this report as requi	ed by Chapter	: bur. Florida	{} }}}	L.I
	(//_	Swell (a)	NI		3/1/96			Y.D.	
SIGNAT	URE: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date Oate	•	Dagemo Phone #		