
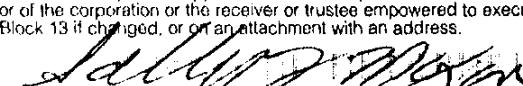


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 184187 (3) 1. Corporation Name PICTORIAL PROPERTIES INC			
Principal Place of Business 733 N.E. 3RD AVENUE FT LAUDERDALE FL 33304		Mailing Address 733 N.E. 3RD AVENUE FT LAUDERDALE FL 33304-2610	
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	
9. Name and Address of Current Registered Agent MOXON, SALLY J. 733 NE 3RD AVE. FT LAUDERDALE, FL 33304-9619		3. Date Incorporated or Qualified 04/15/1955 3a. Date of Last Report 04/16/1996 4. FEI Number 59-0748934 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE PD NAME MOXON, SALLY J. STREET ADDRESS 733 N.E. 3RD AVENUE CITY-ST-ZIP FT LAUD, F 00000		13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
12.2 TITLE VD NAME TUCKER, HOPE STREET ADDRESS 733 NE 3RD AVE. CITY-ST-ZIP FT LAUD, F 00000		13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.3 TITLE SDT NAME HARRIS, DOROTHY M. STREET ADDRESS 733 N.E. 3RD AVENUE CITY-ST-ZIP FT LAUD, F 00000		13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE:  4/3/97 954/463-2826 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)