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NON-PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
Feb 05 1997 8:00 am
Secretary of State

DOCUMENT # **294532** (7)
 Corporation Name
~~SOUTHERN PHOTO & NEWS-INC~~
Mallory and Mallory, Inc



Principal Place of Business 1515 MARION STREET TAMPA FL 33602	Mailing Address PO BOX 557 TAMPA FL 33601-0557 US
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Principal Place of Business 21 18412 Wayne Rd Odessa, FL		Mailing Address 25 18412 Wayne Rd.		Date Incorporated or Qualified 07/02/1965	Date of Last Report 06/21/1996
Suite, Apt. #, etc. 22 Odessa, FL		Suite, Apt. #, etc. 27		FBI Number 59-1112135	Applied For Not Applicable
City & State 23		City & State 28 Odessa, FL		Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33556		Country 25 U.S.		This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country 26 U.S.		Zip 29 33556		Country 30 US	

Name and Address of Current Registered Agent MALLORY, ROBERT M. JR. 18412 WAYNE RD ODESSA FL 33556				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	

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 _____

OFFICERS AND DIRECTORS					
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY M. HIGDON		1.2 NAME		
STREET ADDRESS	3914 IOWA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLORY, ROBERT M., JR		2.2 NAME		
STREET ADDRESS	18412 WAYNE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLORY, SUSAN		3.2 NAME		
STREET ADDRESS	18412 WAYNE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

CP2E034 (9/96)