

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 412166

(1)

1. Corporation Name

NEWS EVENTS PHOTO SERVICE, INC.

FILED
May 27 1997 8:00am
Secretary of State



Principal Place of Business

7150 SW 8TH STREET
PLANTATION FL 33317-4230

Mailing Address

7150 SW 8TH STREET
PLANTATION FL 33317-4230

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

22

City & State

23

City & State

28

24

Zip

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified
11/03/1972

3a. Date of Last Report
06/12/1996

4. FEI Number
59-1498467

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No

9. Name and Address of Current Registered Agent

CANCELLARE, JOSEPH
7150 SW 8TH STREET
PLANTATION FL 33312

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

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 | |
|----------------------------|------------------------|---------------------------------|---|---|
| TITLE | P | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANCELLARE, JOSEPH SR. | | 1.2 NAME | |
| STREET ADDRESS | 7150 SW 8TH STREET | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY-ST-ZIP | |
| TITLE | ST | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANCELLARE, FLORENCE | | 2.2 NAME | |
| STREET ADDRESS | 7150 SW 8TH STREET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | | 2.4 CITY-ST-ZIP | |
| TITLE | VD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANCELLARE, JOSEPH JR. | | 3.2 NAME | |
| STREET ADDRESS | 7150 SW 8 ST. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | | 3.4 CITY-ST-ZIP | |
| TITLE | VD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANCELLARE, THOMAS | | 4.2 NAME | |
| STREET ADDRESS | 7150 SW 8 ST. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | | 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 | |

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0277852

CR2E034 (9/96)