

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 042 ***150.00

DOCUMENT # **412166** (1)

1. Corporation Name

NEWS EVENTS PHOTO SERVICE, INC.

Principal Place of Business

**7150 SW 8TH STREET
PLANTATION FL 33317-4230**

Mailing Address

**7150 SW 8TH STREET
PLANTATION FL 33317-4230**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 3616 Davie Blvd.

Suite, Apt., #, etc.

22
City & State:
Ft. Lauderdale, FL

23
Zip
33312

Country

25 Broward

2a. Mailing Address

26 2269 S. University Dr.

Suite, Apt., #, etc.

27 Suite 300

28
City & State:
Ft. Lauderdale, FL

29 33324

Country

30 Broward

3. Date Incorporated or Qualified

11/03/1972

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1498467

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 has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

☒ No

9. Name and Address of Current Registered Agent

**CANCELLARE, JOSEPH
7150 SW 8TH STREET
PLANTATION FL 33312**

10. Name and Address of New Registered Agent

81 Name

Joseph Cancellare

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

1230 NW 85th Ave.

83

84 City

Plantation,

FL

85 Zip Code

33322

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

Joseph Cancellare

Joseph Cancellare 4-5-01

Typed or printed name of registered agent and title if applicable.

Typed or printed name of corporation and date of filing.

Date

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	CANCELLARE, JOSEPH SR.
3. STREET ADDRESS	7150 SW 8TH STREET
4. CITY-STATE-ZIP	PLANTATION FL 33312
5. TITLE	ST
6. NAME	CANCELLARE, FLORENCE
7. STREET ADDRESS	7150 SW 8TH STREET
8. CITY-STATE-ZIP	PLANTATION FL 33312
9. TITLE	VD
10. NAME	CANCELLARE, JOSEPH JR.
11. STREET ADDRESS	7150 SW 8 ST.
12. CITY-STATE-ZIP	PLANTATION FL 33312
13. TITLE	VD
14. NAME	CANCELLARE, THOMAS
15. STREET ADDRESS	7150 SW 8 ST.
16. CITY-STATE-ZIP	PLANTATION FL 33312
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☒ Change ☐ Addition
2. NAME	Cancellare, Joseph SR	
3. STREET ADDRESS	1230 NW 85th Ave.	
4. CITY-STATE-ZIP	Plantation, FL 33322	
5. TITLE	ST	☒ Change ☐ Addition
6. NAME	Cancellare, Florence	
7. STREET ADDRESS	1230 NW 85th Ave.	
8. CITY-STATE-ZIP	Plantation, FL-33322	
9. TITLE	VP	☒ Change ☐ Addition
10. NAME	Cancellare, Joseph JR	
11. STREET ADDRESS	6941 E. Wedgewood Ave.	
12. CITY-STATE-ZIP	Davie, FL 33331	☒ Change ☐ Addition
13. TITLE	VP	
14. NAME	Cancellare, Thomas	
15. STREET ADDRESS	9470 NW 25 St.	
16. CITY-STATE-ZIP	Sunrise, FL 33322	☒ Change ☐ Addition
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(9)(b), 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 or assignee of the corporation and that this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Thomas Cancellare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 581-4492

Date

Typed Name