

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **424252**
1. Corporation Name
SUNSET PHOTO, INC.

(5)



Principal Place of Business

8738 S W SUNSET DR
MIAMI FL 33173

Mailing Address

8738 S W SUNSET DR
MIAMI FL 33173

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

THOMAS DOTSCHEY
1104 S.W. 102 PLACE
MIAMI FL

3. Date Incorporated or Qualified
04/24/1973

3a. Date of Last Report
03/20/1995

4. FEI Number
59-1459183

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

10. 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

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, Florida Statutes, the above named corporation submits its 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0607, Florida Statutes.

SIGNATURE

Signature of the person or persons authorized to file this report

Signature of the registered agent or person authorized to file this report

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD	NAME	DOTSCHEY, THOMAS
STREET ADDRESS	1104 S.W. 102 PL.		
CITY-STATE-ZIP	MIAMI FL		
TITLE	STD	NAME	DOTSCHEY, LUCY
STREET ADDRESS	1104 S.W. 102 PL.		
CITY-STATE-ZIP	MIAMI FL		
TITLE		NAME	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		NAME	
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. TITLE		1. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY-STATE-ZIP		3. CITY-STATE-ZIP	
4. TITLE		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY-STATE-ZIP		6. CITY-STATE-ZIP	
7. TITLE		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY-STATE-ZIP		9. CITY-STATE-ZIP	
10. TITLE		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY-STATE-ZIP		15. CITY-STATE-ZIP	
16. TITLE		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY-STATE-ZIP		18. 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 119.07(3)(b), Florida Statutes. I further certify that the information reported 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 of changed, or on an attachment with an address.

SIGNATURE: *Thomas C Dotschey* Thomas C Dotschey 1/17/96 305-2792274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)