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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

OBEATIVE IMAGE DUOTOGRAPHY INC

FILED

Feb 04 1998 8:00am

Secretary of State

UNEATI	VE IMAGE PROTOGRAPH	, 1110						
Principal Place of Business Mailing Address							**************************************	
4715 NW 9TH AVE 4715 NW 9TH AVE								
FT LAUDERDALE FL 33309 FY LAUDERDALE FL 33309						DO NOT MEDITE IN THIS COA	or.	
						DO NOT WRITE IN THIS SPACE	~ <u></u>	
						3. Date Incorporated or Qualified 01/28/1976		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-1656756	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 Additional	
22		27				6. Certificate of States Position	Fee Required	
City & State		City & State			\$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country Zip Co		L Cou	untry		8. This corporation owes or has paid the current		
24	26	29	30			Personal Property Tax due June 30.		
	t Registered Agent		10. Name and Address of New Registered Agent			nt		
LANG, GERALD F., JR.				81	Name			
11750 NW 14 STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PL/	ANTATION FL 33323							
				B3				
				64	City	le	5 Zip Code	
				64	City	FL *	zip code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-nar					named corpo	oration submits this statement for the purpose of cha	inging 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.								
-	THE TERMINE WILL, AND ACCOPT THE OBLIGH	anona or, becilon our book, in	onda ola	idioo.				
SIGNATURE	Signature, typed or printed harrie of registered ago	int and title if applicable (NO	TE: Registere	d Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		```	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
TITLE	ST	DELETE	1.1 TITLE				Change	
NAME	LANG, JOHANNA H.		1.2 NAME					
STREET ADDRESS	11750 NW 14TH STREET		1.3 STREET		DDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CI	11Y-S1-	ZIP			
TITLE	P	DELETE	2.1 TI	ITLE			Change Addition	
NAME	LANG, GERALD F., JR.		2.2 N	AME	ŀ			
STREET ADDRESS	11750 NW 14 STREET	50 NW 14 STREET 2:		TREET A	DORESS			
CITY-ST-ZIP	PLANTATION FL 2		2.40	CITY-ST	- ZIP			
TITLE		DELETE					Change Addition	
NAME			3.2 NAME					
STREET ADDRESS		3.3		TREET A	DDRESS			
CITY-ST-ZIP	~			CITY-ST				
TITLE			4.1 71				Change Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADD		DORESS			
CITY-ST-ZIP				4.4 CITY - ST - 21				
TITLE		DELETE	5.1 TITLE				Change Addition	
NAME			5.2 NAME				-	
STREET ADDRESS				TREET A	DOBESS			
CITY-ST-ZIP				ITY-ST- ITLE	ZII.	П	Change	
TITLE		_ orceit				-	<u> </u>	
NAME			6.2 NAME 6.3 STREET ADDRESS					
STREET ADDRESS	_		0.5 8	FUCE W	DONE 33			

14. I 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.

TERREY I ANG 1/26/08