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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(7)

## FILED Apr 21 1998 8:00am Secretary of State

(954) 587-6713

A & P PHOTO SHOP, INC.		
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	ALLANTHEN IND RD. RDALE FL 33312 ace of Business	Mailing Address  % ALBERT GALLANTHEN 1220 RIVERLAND RD. FORT LAUDERDALE FL  26. Mailing Address 26. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/18/1977  4. FEI Number 59-1777488 Applied For Not Applicat  5. Certificate of Status Desired Fee Required Fee Required
City & State	)	City & State			6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country  25  9. Name and Address of Current	Ζ(p [29]	Country 30	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.
470	LLANTHEN, PEGGY JEAN 11 N.W. 6TH STREET ANTATION FL 33317	<u>2</u> .	81 62 83	Street Add	iress (P.O. Box Number is Not Acceptable)
office or re agent. I ar SIGNATURE	o the provisions of Sections 607,0502 egistered agent, or both, in the State or in familiar with, and accept the obligati Signature typed or provide many of registered agent OFFICERS AND  P GALLANTHEN, ALBERT, JR. 4701 N.W. 6TH STREET	Florida, Such change was ons of, Section 607,0505, Fl and title if applicable (NO	authorized by lorida Statute	y the corpora	poration submits this statement for the purpose of changing its registered accept the appointment as registered when reinstalling DATI  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Additional Change Ch
CHY-ST-ZIP TITLE NAME STREET ADDRESS	PLANTATION FL S GALLANTHEN, PEGGY JEAN 4701 N.W. 6TH STREET PLANTATION FL	DELETE	1.4 CHY - S 2.1 THE 2.2 NAME 2.3 STREET	ADDRESS	Change Additi
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANTAIONTE	DELFTE	2. 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-	ADDRESS	☐ Change ☐ Additi
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME	ADDRESS	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S	ADDRESS	Change Additi
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	6 TIBLE 6.2 NAME 6.3 SIREET 6.4 CHY-S	ADDRESS	☐ Change ☐ Additi
14. I hereby c indicated officer or c	on this annual report or supplemental a	annual report is true and acc er or trustee empowered to	or the exemp	tion stated in at my signatu	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same logal effect as if made under oath; that I am an ulired by Chapter 607, Florida Statutes; and that my name appears in

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