

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 588378 (0)

1. Corporation Name

FLORIDA PHOTO NEWS PUBLISHERS, INC.

Principal Place of Business

1440 7TH ST.
WEST PALM BEACH FL 33401
US

Mailing Address

P.O. BOX 1583-46
WEST PALM BEACH FL 33402
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/03/1978

3a. Date of Last Report

01/03/1996

4. FEI Number

59-1893071

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

10. Name and Address of New Registered Agent

COOPER, YASMIN R.
1440 7TH STREET
W PALM BCH FL 33401

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 PCT ☐ DELETE
NAME COOPER, YASMIN R.
STREET ADDRESS 1440 7TH STREET
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILLIAMS, REINA G
STREET ADDRESS 6305 WOODBINE AVE.
CITY-ST-ZIP PHILADELPHIA PA 19151

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Williams, Reina G.
2.3 STREET ADDRESS 6305 Woodbine Ave.
2.4 CITY-ST-ZIP Philadelphia PA 19151

TITLE D ☐ DELETE
NAME WILLIAMS, ANDREW A
STREET ADDRESS 6305 WOODBINE AVE.
CITY-ST-ZIP PHILADELPHIA PA 19151

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Williams, Andrew A.
3.3 STREET ADDRESS 6305 Woodbine Ave.
3.4 CITY-ST-ZIP Philadelphia PA 19151

TITLE D ☐ DELETE
NAME HALL, MAURICE
STREET ADDRESS 518 S. MAGONIA CIRCLE
CITY-ST-ZIP W PALM BCH FL 33401

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JENKINS, MARSHALL
STREET ADDRESS 424 S. CHILLINGWORTH DR.
CITY-ST-ZIP W. PALM BEACH FL 33409

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(k), 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.

SIGNATURE

Yasmin R. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YASMIN R. COOPER

4-22-96 (407)833-4511

Date

Daytime Phone #

CR2E034 (12/95)