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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 591138

(3)

Mailing Address

BRUCE MILLER PHOTOGRAPHY, INC.

		FILE	L)
Feb	10	1997	7	8:00am
Se	cre	tary	O	f State

1/20/97 3/5-367.377

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100 ANCHOR DR. SUITE 391		20 ISLAND DR. KLAC KEY LARGO FL 33037-5218							
KEY LARGO FL	. 33037	US				TA But II			
U\$ 					3. Date Incorporated or Qualified 10/25/1978	3a. Date of Last R 04/16/1996	eport :		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		oplied For		
21		26			59-1868011	No	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75			
City & Stat		[27]				Fee Re			
23 City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	0.05\$ □ Added			
Zip	Country	7 _(p)	Countr	 v	8. This corporation has liability for in				
24	25	29 3	1	,] Yes 🔲 No	. 188.032,		
	9. Name and Address of Current				10. Name and Address of New Reg	gistered Agent			
MILL	er, isabelle f.		81	Name					
	SLAND DR. K.L.A.C.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
KEY	LARGO FL 33037								
			83	·					
			84	City		85 Zip (Code		
44 Durawant	to the provisions of Spatians 607 0003	and CO7 1609 Florida Statutor	llio obo	o nomed core	poration submits this statement for the p	FL 65 2.0	r registered		
office or r	egistered agent, or both, in the State of mediate with, and accept the obligat	f Florida. Such change was aut	thorized b	y the corporat	tion's board of directors. Thereby accep	of the appointment as	registered		
•	m lamiliar with, and accept the bongat	ions ar, section boy.coop, mont	ua siaiuit	rs.			Ì		
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NOTE F	legistered Ag	ent signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	DELETE	1.1 101.0			☐ Change	Addition		
NAME	MILLER, BRUCE R		1.2 NAME						
STREET ADDRESS	20 ISLAND DRIVE, K.L.A.C.		1.3 STREE	FADDRESS					
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 C/TY+	ST-ZIP					
TITLE	SD	LT DETER	2111111	-		L_l Change	Addition		
NAME	MILLER, ISABELLE F		2.2 NAME						
STREET ADDRESS	20 ISLAND DRIVE, K.L.A.C. KEY LARGO FL 33037			I ADDRESS					
CITY-ST-ZIP TITLE	RET LANGU FL 33037	DELFTE	2. 4 C/TY- 3.1 THLF	SI-ZIP		Change	Addition		
NAME			3.2 NAME	1		orangs	L_ / labilion		
STREET ADDRESS				LADDRESS					
CITY-ST-ZIP			3.4 GHY-						
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	1 ADDRESS					
CITY-ST-ZIP			4.4 CHY-	ST-ZIP					
TITLE		[] DELETE	5.1 THEF			☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS				LADORESS					
CITY-ST-ZIP		DELETE	54 CHY-	\$1-7IP		Change	Addition		
TITLE		בין טנונוג		İ		LT Change	TT MOUIDON		
NAME STREET ADDRESS			6.2 NAME	I ADDRESS					
CITY-ST-ZIP			6.4 DrTY=:						
14 I do bere	by certify that the information supplied	with this filing doos not qualify	for the ex	emption stated	l in Section 119.07(3)(i), Florida Stalutes	s. I further certify that	the		
informatio	n indicated on this annual report or as	polemental aparet rendel is true	e and acc	urate and that	my signature shall have the same legal Las required by Chapter 607, Florida Si	l effect as if made un	der nath: That I		
appears i	n Block 12 or Block 13 if charged, at	on a fattacty ient with an addre	988.		The residence of the second of the second of	and the state of t			