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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 668253

(8)

STECKLEY PHOTOGRAPHY, INC.

Mailing Address

## **FILED** Feb 11 1998 8:00am Secretary of State



6785 SW 77 PO BOX 43-1 MIAMI FL 331	013	6765 SW 77 TERRACE PO BOX 43-1013 MIAMI FL 33143		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
				04/29/1980	····-
	lace of Business	2a. Mailing Address	75 %	4. FEI Number	Applied For
Suite, Apt	SW 75 Ter.	26 <b>9860 SW</b> Suite, Apt. #, etc.	75 Ter.	59-1998527	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	mi FL	City & State 28 Miami	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33 J			Country  30  USA		Z Yes □ No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  STECKLEY WILLIAM M. 81 Name					
STECNLET, WILLIAM M.					
6765 S.W. 77TH TERRACE MIAMI FL 33143				ddress (P.O. Box Number is Not Acceptable)	
	_		84 City	am: FL	
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 reinstaling)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	STECKLEY, WILLIAM M.		1.2 NAME		
STREET ADDRESS	6765 S.W. 77TH TERR.		1.3 STREET ADDRESS	6860 SW 75 Ter.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	miami FL 38143	
TITLE	ST COULTY MEN LAND	☐ DELETE	2.1 TITLE		Change
NAME	STECKLEY, WILLIAM M.		2.2 NAME		ţ
STREET ADDRESS	6765 S.W. 77TH TERR.		2.3 STREET ADDRESS	6860 SW 75 75-	
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CITY-ST-ZIP	miam: FL 33143	1 06 1 144V
TITLE		□ nereit	3.1 THTLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		L Stidings L Madritoti
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<del></del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY-ST-ZIP		
OUT-SI-ZIP			0.4 CHT-31-ZIP		

Thereby 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, occur an attachment with an address.