

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 669563 (9)
 1. Corporation Name
CONTINENTAL FILM LABORATORIES OF FLORIDA, INC.



Principal Place of Business 1998 N.E. 150TH STREET NORTH MIAMI FL 33181	Mailing Address 1998 N.E. 150TH STREET NORTH MIAMI FL 33181-1116
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3. Date Incorporated or Qualified 05/06/1980	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2040226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

KRISS, RONALD A
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.1506, 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		DELETE
TITLE	P	<input type="checkbox"/>
NAME	JACKSON, EDWIN SMITH, JR	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	LANKFORD, FRANK	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	C	<input type="checkbox"/>
NAME	RODGERS, THOMAS M., JR.	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	EVP	<input type="checkbox"/>
NAME	VINCENT G. HOGAN	
STREET ADDRESS	1998 NE 150TH ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *E. Smith Jackson* *Re E. Smith Jackson* 11/10/97 949-4252

CR2E034 (9/96)