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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 826052

(3)

PHOTO-TRACKMASTER, INC.

Principal Place of Business

Mailing Address

802 S. HOWARD AVE.

502 S. HOWARD AVE.

## **FILED** May 14 1997 8:00am Secretary of State



TAMPA FL 336	906	TAMPA FL 33606-2038								
						3. Date incorporated or Qualified 04/19/1971		te of L	ast Report 1 <b>96</b>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied	For
21		26				04-2190625			Not App	licable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	В	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i	ntangible 1			
24	25	29	30				Yes [		JU. U. 1001.	
	9. Name and Address of Current	Registered Agent	I			10. Name and Address of New Re	gistered A	gent		
HOI	LMES, JOHN J. JR			B1 Nan	10					
	7 PARKLAND BLVD.		-	<b>82</b> Stre	ot Addroi	ss (P.O. Box Number is Not Acceptab	do)			
	MPA FL 33609					ss (r.o. Box Number is Not Acceptab	··e)			
				83		•				1
			Ī	84 City			FL	85	Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized	l by the c	ed corpo orporatio	oralion submits this statement for the pon's board of directors. I hereby accep	urpose of	chang	ing its regist	stered ered
SIGNATURE										
12.	Signature, typed or printed name of registered ager OFFICERS ANI		11. Heg-stered	Agent signa	into required	d when remistating) ADDITIONS/CHANGES TO OFFIC	DATE EOR AND	DIBEC	TORS IN 1	· ·
TITLE	COB	DELETE	1.1 70	ı ş	7	ABBITIONS/CHANGES TO OFFICE		☐ Cha		Addition
NAME	MENDELSON, DAVID G	<u> </u>	1.2 NA						90	
STREET ADDRESS	2807 PARKLAND BLVD.			REET ADDRES						
CITY-ST-ZIP	TAMPA FL		1.4 CITY - S		<sup>55</sup>					
TITLE	р	DELETE	2 1 111					☐ Chá	nne I	Addition
NAME	HOLMES, JOHN J JR.		2.2 NA						9	
STREET ADDRESS	2807 PARKLAND BLVD.		2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL		2 4 CITY- S1-ZIP		"					ł
TITLE	ST	DELETE	31 10		127		<del>-</del>	Cha	anne k	Addition
NAME	FARNSWORTH, MAURA S		3 2 NA		172	melle A. Holones.			s. /드	
STREET ADDRESS	749 SANDY CREEK DR.			REFT ADDRES	SUC WCL	of Birkland Blv	4			ļ
CITY-ST-ZIP	BRANDON FL			IY-SI-ZIP	~   <del>F</del> A	melle A. Holmes 27 Rarkland Bluc mpa, Fl 33404				1
TITLE	V	DELETE	411 1			7712710 0 0004		☐ Chá	angé 🔲	Addition
NAME	BARTHELEMY, ERIC		4.2 N/						,- LJ'	
STREET ADDRESS	5655 32ND TERR N			KELT ADDRES	:					
CITY-ST-ZIP	ST PETERSBURG FL			Y-S1-ZIP						
TITLE		DELETE	5110					Cha	anoe []	Addition
NAME			5.2 NA						,	•
STREET ADDRESS				REET ADDRES						}
CITY-ST-ZIP				Y-ST-ZIP	~					
TITLE		DELETE	61111		<del></del>			Cha	ange I	Addition
NAME			6.2 NA					<u></u> ~18	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS				ME REET ADDRES						
					"					1
CITY-ST-ZIP	<u> </u>		■ 6.4 CIT	Y - \$1 - ZIP						

plied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that n or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Talalones TV 1472/97/812/2016/44/