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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F06123

60 MINUTE PHOTO DEVELOPING CENTER NORTH, INC.

Principal Place of Business Mailing Address 4275 OKEECHOBEE BLVD 4275 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-3230 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1980 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2045859 21 26 Not Applicable Suite, Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Žip Zip Country Country This corporation has liability for intangible tax under s. 199.032, 30 Yes No 25 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **HUTCHINGS, JAMES R** 4275 OKEECHOBEE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 83 33409 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed hame of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DVP DELETE 1.1 TITLE Change Addition TITLE HUTCHINGS, JAMES R JR NAME 12 NAME 19 CEDAR CIRCLE STREET ADDRESS 1.3 STREET ADDRESS BOYNTON BCH. FL CITY ST ZIP 1.4 City-St-ZiP TITLE DS DELETE 2.1 TITLE Change Addition HUTCHINGS, HELEN S 2.2 NAME NAUE **509 BAY DRIVE** STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH, FL 00000 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 31 TITLE **HUTCHINGS, HAROLD S** NAME 32 NAME 8250 NEEDLES DR. STREET ADDRESS 3.3 STREET ADDRESS PALM BCH GARDENS FL CITY-S1-ZIP 3 4. CITY - ST-ZIP DELETE Addition 4.1 TITLE THILE **HUTCHINGS, JAMES R** 4. 2 NAME NAME **509 BAY DRIVE** STREET ADDRESS 4.3 STREET ADDRESS VERO BEACH, FL 00000 4.4 CITY - ST - ZIP CITY-ST 2IP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAM 6.3 STREET ADORESS STREET ADDRESS

6.4 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)(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

SIGNATURE:

appears in Block 12 or Block 13 if changed or on an attachment with an address

FILED

Feb 19 1997 8:00am

Secretary of State

Daytime Phone #

96/6)