

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06123 (6)
1. Corporation Name
60 MINUTE PHOTO DEVELOPING CENTER NORTH, INC.

Principal Place of Business
4275 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

Mailing Address
4275 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/18/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2045859	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HUTCHINGS, JAMES R
4275 OKEECHOBEE BLVD
WEST PALM BEACH, FL
33409

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 607.1508, 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINGS, JAMES R JR	1.2 NAME	
STREET ADDRESS	19 CEDAR CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINGS, HELEN S	2.2 NAME	
STREET ADDRESS	509 BAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINGS, HAROLD S	3.2 NAME	
STREET ADDRESS	8250 NEEDLES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINGS, JAMES R	4.2 NAME	
STREET ADDRESS	509 BAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/1/98 (561) 845-6328

CP2E034 (10/97)