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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # F15134

(2)

Mar 13 1997 8:00am
Secretary of State

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Marin B	OTOGRAPHY & ASSOCIAT	ES, INC.	* * * * * * * * * * * * * * * * * * * *	 	
Principal Place	e of Business	Mailing Address			il Bigul (1811 Bugis Bibis Bigus 1811) (88)
IDBIO NW 17TI PENBROKE PII	н ст.	10810 NW 17TH CT. PEMBROKE PINES FL 33	3026-2202		
**************************************	·		• •	3. Date Incorporated or Qualified 01/05/1981	3a. Date of Last Report 04/26/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 44	26		NOT APPLICABLE	Not Applicable
Sulte, Apt.	π, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	egistered Agent
	KY, ROBERT A.		81 Name	1	
	I STIRLING ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
9 FT. I	LAUDERDALE FL 33310-9057		00	· · · · · · · · · · · · · · · · · · ·	-
777 (5) (1) (8)	t.		83		
等 李鹏			84 City		FL 85 Zip Code
-14 Pursupot t	to the provisions of Soctions 607.050	22 and 607 1508 Florida State	toe the above named core	poration submits this statement for the	purpose of changing its registered
agent. I a	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the oblig	gations of, Section 607.0505, F	Florida Statutes.	mons board of directors. Thereby acce	britte appointment as radistered
SIGNATURE	Signature, typed or printed name of registered ag		DTE: Registered Agant signeture requ	ired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS			DATE CERS AND DIRECTORS IN 12
SIGNATURE 11	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable (NC	D1E: Registered Agent signature required 13.	ired when reinstating)	DATE
SIGNATURE 12. Title	Signature, typed or printed name of registered ag OFFICERS AN P SEIDMAN, DONALD A	ent and title if applicable (NO ID DIRECTORS	DIE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TILE HAVE STREET ADDRESS	OFFICERS AN P SEIDMAN, DONALD A 10810 NW 17TH COURT	ent and title if applicable (NO ID DIRECTORS	D1E: Registered Agent signature required 13.	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 11. TITLE HAME STREET ADDRESS DITY-ST-ZIP	OFFICERS AN P SEIDMAN, DONALD A 10810 NW 17TH COURT PEMBROKE PINES FL	ent and title if applicable (NC ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY - ST - ZIP	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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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 eath; that 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 all achment with an address.