

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra W. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F47412 (4)**

1. Corporation Name
CHARLES NEUBAUER PHOTOGRAPHY, INC.



Principal Place of Business
**% CHARLES N NEUBAUER
3240 SOUTHGATE CR
SARASOTA FL 34239
US**

Mailing Address
**% CHARLES N NEUBAUER
3240 SOUTHGATE CR
SARASOTA FL 34239
US**

3. Date Incorporated or Qualified **10/06/1981** 3a. Date of Last Report **04/24/1995**

4. FEI Number **59-2138361** Applied For Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

9. Name and Address of Current Registered Agent

**NEUBAUER, CHARLES N
3240 SOUTHGATE CR
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.13(8), 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 approved by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NEUBAUER, CHARLES N	
STREET ADDRESS	3240 SOUTHGATE CR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NEUBAUER, TERRLYNN	
STREET ADDRESS	3240 SOUTHGATE CR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the lower filing status in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this filing is not of a preliminary or tentative nature and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the records of this filing were prepared by me or under my supervision as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 in changed, or on an attachment with an address.

SIGNATURE: *July Neubauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1696 941-366-0856

CR2E034 (12/95)