

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F87728**

(4)

1. Corporation Name:

**SHUTTER SOURCE, INC.**

Principal Place of Business  
**211 NORTHWEST 5TH AVENUE  
HALLANDALE FL 33009**

Mailing Address  
**211 NORTHWEST 5TH AVENUE  
HALLANDALE FL 33009-4019**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>06/18/1982</b>	<b>3a. Date of Last Report</b> <b>06/13/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>NOT APPLICABLE</b>		<b>Applied For</b> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>25</b> Country	<b>29</b> Zip		<b>30</b> Country	
<b>9. Name and Address of Current Registered Agent</b> <b>FLOYD PEARSON RICHMAN GREER WEIL, ET AL PA MIAMI CENTER, 10TH FLOOR 201 S. BISCAYNE BLVD. MIAMI FL 33131</b>				<b>10. Name and Address of New Registered Agent</b>	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>85</b> 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PD</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRONO, SHARON</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>211 NORTHWEST 5TH AVENUE</b>	<b>1.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>1.4</b> CITY-ST-ZIP	
TITLE	<b>STD</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRONO, HELEN</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>211 NORTHWEST 5TH AVENUE</b>	<b>2.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>2.4</b> CITY-ST-ZIP	
TITLE	<b>D</b>	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERDON, LARRY</b>	<b>3.2</b> NAME	
STREET ADDRESS	<b>211 NORTHWEST 5TH AVENUE</b>	<b>3.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>3.4</b> CITY-ST-ZIP	
TITLE	<b>D</b>	<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGRASSE, JAMES</b>	<b>4.2</b> NAME	
STREET ADDRESS	<b>211 NORTHWEST 5TH AVENUE</b>	<b>4.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>4.4</b> CITY-ST-ZIP	
TITLE		<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>5.4</b> CITY-ST-ZIP	
TITLE		<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>6.4</b> 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sharon Wrono Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHARON WRONO**

**2-10-97**

Date

Daytime Phone #

**305 456-6979**

0113023

CR2E034 (9/96)