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FILED
Feb 11 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 # F87728 (4)
1. Corporation Name
SHUTTER SOURCE, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 226 N.W. 6th Ave.		2a. Mailing Address 26 410 S. Park Rd.		3. Date Incorporated or Qualified 06/18/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #109		4. FEI Number NOT APPLICABLE	
City & State 23 Hallandale, FL.		City & State 28 Hollywood, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33009		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.A.		Zip 30 33021		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLOYD PEARSON RICHMAN GREER WEIL, ET AL PA
MIAMI CENTER, 10TH FLOOR
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name David Lee Carlson
82 Street Address (P.O. Box Number is Not Acceptable)
8180 N.W. 36th St.
83 Suite 100
84 City Miami, FL., FL 85 Zip Code 33166

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

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	WRONO, SHARON	
STREET ADDRESS	211 NORTHWEST 5TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	DELETE
NAME	WRONO, HELEN	
STREET ADDRESS	211 NORTHWEST 5TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	DELETE
NAME	VERDON, LARRY	
STREET ADDRESS	211 NORTHWEST 5TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	DELETE
NAME	DEGRASSE, JAMES	
STREET ADDRESS	211 NORTHWEST 5TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Verdon, Larry	Change	Addition
1.2 NAME		410 S. Park Rd., #109		
1.3 STREET ADDRESS		Hollywood, FL., 33021		
1.4 CITY-ST-ZIP				
2.1 TITLE	VPD	Valea, Norberto	Change	Addition
2.2 NAME		410 S. Park Rd., #109		
2.3 STREET ADDRESS		Hollywood, FL., 33021		
2.4 CITY-ST-ZIP				
3.1 TITLE			Change	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE			Change	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE			Change	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE			Change	Addition
6.2 NAME				
6.3 STREET ADDRESS				
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.

CR2E034 (10/97)