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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(2)

DON RHODES CAMERA & STUDIO, INC.

Principal Place of Business Maling Address						C 120111 4522 IVII 9444 9-94 1201 214 214 214 314 314 314 314 314 314 314 314 314 3
204 WASHINGTON AVENUE HOMESTEAD FL 33030		204 WASHINGTON AVENUE HOMESTEAD FL 33030				
						3. Date Incorporated or Qualified 03/23/1983 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number Applied For 59-2270033 Not Applicable
21		Suite Apt. #, etc.				\$8.75 Additional
Suite, Apt. #	, etc.	[27]				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	H	intry		8. This corporation has liability for intangible tax under s 199 032.
24	25 29		30			Flonda Statutes X Yes No 10, Name and Address of New Registered Agent
	g. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Adoless of New Hegistered Agent
				01		
	ES, DONALD R				Street Addr	ress (P.O. Box Number is Not Acceptable)
	ashington ave. Stead FL 33030			83		
HOME	31EAD FE 33030			L.		85 Zip Code
				84	City	FL 85 Zip Gode
SIGNATURE _	Signature, Expert or prosted name of registered age OFFICERS A	entano tre Pagal alie: AND DIRECTORS	NOTE 56 1 56 4 1 13.		ot signal ité rupi fe	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1	TILF		Change Addition
NAME	RHODES, DONALD R.		121	IAME		
STREET ADDRESS	204 WASHINGTON AVE.		135	STREE	T ADDRESS	
CITY+ST+2IP	HOMESTEAD FL 33030				S1 - ZIP	Change Addition
TITLE				2 1 TILE		Change I Addition
NAME				NAME	I	
STREET ADDRESS					T ADDRESS ST-ZIP	
CITY-ST-ZIP				TITLE		Change Addition
TITLE NAME				NAME		
STREET ADDRESS			1 "		ET ADORESS	
CITY - ST - ZIP			34	CiTY -	ST-ZIF	
TITLE		☐ DELETE	4 1	11716		Change Addition
NAME			42	NAMi		
STREET ADDRESS			43	STREE	T ADDRESS	
C/TY - ST - Z/P					SI-ZIP	☐ Change ☐ Addition
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NAME				NAME		
STREET ADDRESS			1		SS3FOCA 1	
C(TY-ST-ZIP		Delete			ST-ZIP	Change Addition
TITLE		☐ DELETE		HILE	1	
				4.6650	- 1	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 logal effect as if made under cath, 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

6.3 STHEET ADDRESS

6.4 CITY - S* - Z:P

STREET ADDRESS

Llorald LMW Donald Donald ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donald R. Rhodes

April 22,1996 (305) 245-7042

CR2E034 (12/95)