

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G91991** (1)

1. Corporation Name
WELLEBY I HOUR PHOTO, INC.



Principal Place of Business: 10131 W OAKLAND PK BLVD, SUNRISE FL 33351
Mailing Address: 10131 W OAKLAND PK BLVD, SUNRISE FL 33351

3. Date Incorporated or Qualified: 02/01/1984
3a. Date of Last Report: 09/22/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For						
		26			59-2382227	Not Applicable						
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required						
					<input type="checkbox"/>							
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
					<input type="checkbox"/>							
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	?

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOYCE, DEBORAH P 8708 N.W. 70TH ST. TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAYNE, STANLEY R.			1.2 NAME			
STREET ADDRESS	11403 STONEWOOD LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAYNE, DOROTHY W.			2.2 NAME			
STREET ADDRESS	11402 STONEWOOD LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, MARSHA P.			3.2 NAME			
STREET ADDRESS	1343 NW COCONUT PT LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, PAUL F., JR.			4.2 NAME			
STREET ADDRESS	1343 NW COCONUT PT LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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: *Deborah P Payne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day/Mo/Yr: _____

CR2E034 (12/95)