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PROFIT
CORPORATION
ANNUAL REPORT
1999



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## DOCUMENT # H25168

QUALITY FAST PHOTO, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 16, 1999 8:00 am

Secretary of State

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Principal Place	of Business	Mailing Address			11001011 2(10)1100 01100 1121			
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STE 1755 FERNANDINA BEACH FL 32034		STE 1755			DO NOT WRITE IN THIS SPACE			
		FERNANDINA BEACH FL 32034 US	•	$\vdash$	3. Date Incorporated or Qualified			
US		03			10/11/1984			
- D.: -: -: D	of Duckness	2a. Mailing Address		_	4. FEI Number			oplied For
	ace of Business	26 2126 SAOLE	~ Pa		59-2463668		<del></del>	ot Applicable
Suite, Apt.	SAOLON KO	Suite, Apt. #, etc.	C KD					Additional
22	m, 610.	27			5. Certifcate of Status Desired		•	Required
City & State	B	City & State			6. Election Campaign Financing	, -	\$5.0	May Be
23 F158 A	ANDINA BOH. FL.	28 FERNANDINA	A BCH.	FC.	Trust Fund Contribution	U		to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Int		_
24 320	34 25 165	29 32034 30	us		Personal Property Tax.		₩ Yes	□No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New	Registered	Agent	
		· _ <del>-</del> -	81 Nam	ne				
PRUC	GH, JAMES A.	sancon Pa	82 Stre	et Address	(P.O. Box Number is Not Accept	able)	<u> </u>	
1722	STH ST, STE 1765 2/26 3	HUCERC NV	[52] 5.0					
į FERN	NANDINA BEACH FL 32034		83					'
			84 City			· F1	85 Zij	Code
						FL	<u> </u>	4n
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was auth	orized by the co	ed corporat	tion submits this statement for the board of directors. I hereby acce	purpose of the appoi	intment as	registered
	egistered agent, or boar, ar the otate of	. C O 4' COZ OFOE Florida	D4-1-1-		•			
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.					
agent. I a	A street was					DATE	<del></del>	
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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, with all other like empowered.

SIGNATURE:

ATTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #