

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 # H60418 (1)

1. Corporation Name
PHOTOGRAPHS BY NANCY, INC.



Principal Place of Business: **218 U.S. HWY ONE-SUITE 201 TEQUESTA FL 33469**
Mailing Address: **218 U.S. HWY ONE-SUITE 201 TEQUESTA FL 33469**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1985		3a. Date of Last Report 04/19/1995	
21	22	26	27	4. FEI Number 59-2540000		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		25		29		30	

9. Name and Address of Current Registered Agent HAMILTON, ERNEST E. 325 RIVERSIDE DRIVE JUPITER FL 33458				10. Name and Address of New Registered Agent			
81 Name				NANCY B. HAMILTON			
82 Street Address (P.O. Box Number is Not Acceptable)				325 RIVERSIDE DR			
83				JUPITER FL 33469			
84 City				85		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres/Secy/Treas
NAME	HAMILTON, NANCY B.	1.2 NAME	HAMILTON, NANCY B.
STREET ADDRESS	325 RIVERSIDE DR.	1.3 STREET ADDRESS	325 RIVERSIDE DR.
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL 33469
TITLE	S	2.1 TITLE	
NAME	HAMILTON, ERNEST E.	2.2 NAME	
STREET ADDRESS	325 RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Nancy B Hamilton Pres 4/14/96 407 746-1223

CR2E034 (12/95)