FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

97 JAN 22 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # H79763 (9)

1. Corporation Name
ULTRA PHOTO, INC.

Principal Place of Business	Mailing Address
156 FLEUR DE LIS LANE NAPLES FL 33962	156 FLEUR DE LIS LANE NAPLES FL 34112-7152

3. Date Incorporated or Qualified: 10/08/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2597500 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

CABANA, LEONARD D.
4910 TAMIAMI TR., N.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 156 Fleur De Lis Lane
83
84 City: Naples FL 85 Zip Code: 34112

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: Leonard D. Cabana (signature) — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CABANA, LEONARD D.	1.2 NAME	156 Fleur De Lis Lane
STREET ADDRESS	4910 TAMIAMI TR., N.	1.3 STREET ADDRESS	Naples FL 34112-7152
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CABANA, DOROTHY V.	2.2 NAME	156 Fleur De Lis Lane
STREET ADDRESS	4910 TAMIAMI TR., N.	2.3 STREET ADDRESS	Naples FL 34112-7152
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	500002064535--9
STREET ADDRESS		3.3 STREET ADDRESS	-01/22/97--01090--023
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

A. Allen 1/22/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Leonard D. Cabana, Pres. (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0414809