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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J43913

(9)

ABNER'S CAMERA EXCHANGE, INC.

FILED Apr 29 1997 8:00am Secretary of State



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i '	Country Zip State Country Zip Solite, Apt. #, etc. Solite, Apt. #, etc. Solite, Apt. #, etc. Country Zip 25 29 9. Name and Address of Current Registered Agent BRONSTON, ROBERT 5363 CENTRAL AVE. ST. PETERSBURG FL 33710 Stocker Lipid or profed hame of registered agent, in the State of Florida. Such change was entit and familiar with, and accept the obligations of, Section 607.0505, File IURE STD DELETE LEW, NORMAN 5363 CENTRAL AVE. ST. PETERSBURG FL VD DELETE BRONSTON, ROBERT 5363 CENTRAL AVE. ST. PETERSBURG FL VD DELETE LEW, NORMAN 5363 CENTRAL AVE. ST. PETERSBURG FL VD DELETE LEW, JANINE 5363 CENTRAL AVE. ST. PETERSBURG FL DELETE DELETE DELETE DELETE DELETE DELETE DELETE					i immeria dett unnga tieta taldt atgag tile i	94511 475	** #184 #191	7 MINTE TER
5363 CENTRAL AVE. 5363 CENTRAL AVE. ST. PETERSBURG FL 33710-6142									
						3. Date Incorporated or Qualified 11/21/1986		e of Last 7/1996	Report
2. Principal P	sace of Business	2a. Mailing Address				4. FEI Number		f	Applied For
21						59-2740587			Not Applicable
22		27	·····		····	5. Certificate of Status Desired			Additional Required
City & Stat 23		28		~~~~		Election Campaign Financing Trust Fund Contribution			May Be to Fees
<u>Ζ</u> φ	j		Cou	ntry		8. This corporation has liability for i	njangible t		s. 199.032,
24			30					No	
		ent Registered Agent		81 N	ame	10. Name and Address of New Re	gistered A	gent	
			ļ	ויי	arrie				
					reet Addre	ss (P.O. Box Number is Not Acceptab	le)		
į Į			}	83					
			Ì	84 C	ty			85 Zip	Code
			l				FL		
11. Parsbarit office or r agent if a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	i502 and 607.1508, Florida Statutes ale of Florida. Such change was au ligations of, Section 607.0505, Flori	s, the ac ithorized ida Stati	xove-na I by the utes.	med corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accep	urpose or of the appo	changing intment a	is registered
SIGNATURE	ستنبي وروست وسنستنس واستستان والماسا				· · · · · · · · · · · · · · · · · · ·				
12.			Registered	Agent sk	nature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	3BS IN 12
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NAME) ·-		2.2 NA		ĺ				
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NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADD	RESS				
CITY - ST - ZIF				TY-ST-ZI					
)IItE	A	DELETE	6.1 TIT			**************************************	1	Change	Addition
NAME			62 NA	ME	1				
STREET ADDRESS			6.3 51	REET ADD	RESS				
CH1Y - S1 - 21F				TY-ST-Z					
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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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT ORONSTON

813 321-5363

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