FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K01919

(5)

BROWN'S PHOTO STUDIO, INC.

Mailing Address

FILED

May 02 1997 8:00am

Secretary of State

LAUDERHILL FL 33313			1301 N.W. 401H AVE. LAUDERHILL FL 33313-5803				
					3. Date Incorporated or Qualified 11/13/1987	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0010719	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	. —			¢0.75	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Gou		itry	8. This corporation has liability for in		
24	25	29	30			Yes No	
9, Name and Address of Current Registered Agent			T1-,-T		10. Name and Address of New Registered Agent		
BROWN, ANDRADIE D				81 Name			
	1 NW 40 AVE.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
	DERHILL FL 33313			Sireer Add	ress (P.O. Box Number is Not Acceptable	le)	
				B3			
			ļ	B4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Status	tes, the ab	ove-named cor	poration submits this statement for the pr	urnoce of changing its registered	
Office or r	egistered agent, or both, in the Statem familiar with, and accept the obti-	e of Florida. Such change was i	Authorized	by the cornors	tion's board of directors. Thereby accep	I the appointment as registered	
	in laminar with, and accept the obje	gations of, section 907,0505, Fi	onda Siaid	ies.			
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable (NO)	If Booklored	Accul s coalure recu	rired when reinstating)	DATE	
12.		ND DIRECTORS	19.		ADDITIONS/CHANGES TO OFFICE		
TITLE	Р	DELETE	1.1 741	E		Change Addition	
NAME	BROWN, ANDRADIE D.	1.2 h		AF		_ '	
STREET ADDRESS	4004 NIN 40TH AVE			EET ADDRESS		1:	
CITY-ST-ZIP	LATINEDUILLEL 20010			(- ST - ZIP		1	
TITLE			2.1 Till			Change Addition	
NAME	——————————————————————————————————————		2.2 NAI				
STREET ADDRESS				EE1 ADDRESS		5	
CITY-ST-ZIP							
TITLE			3 1 TITI	Y-S1-ZIP		Change Addition	
NAME		_ Otter is	3.2 NA			Change [_] Addition	
STREET ADDRESS							
CITY-ST-ZIP				EET ADDRESS			
TITLE		DELETE	3.4. CII 4.1 TITU	Y-ST-ZIP		Change	
NAME		L. J OLLE IL				L Change [] Addition	
1			4 2 NA	-			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		T DELETE		'-ST-ZIP		Ohan	
TITLE		DELETE	51111			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP			5.4 CrT	'-S1-ZIP			
TITLE		DELETE	6.1 TITL	E		Change Addition	
NAME	;		6.2 NA	18			
STREET ADDRESS			6.3 STR	EE1 ADDRESS			
CITY-ST-ZIP			6.4 011	-\$1-ZIP			

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.