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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K23350** 

(7)

1/2 HR. HAPPY PHOTO, INC.											
Principal Place of Business Mailing Address										<b>                                    </b>	# <b>## 10#</b> (
3697 WEST WATERS AVE. 3697 WEST WATERS AVE. TAMPA FL 33614-2783											
							3. Date Incorporated or Qualified 05/09/1988				
2. Principal Place of Business			·	2a. Mailing Address			4. FEI Number 59-2873024		h	plied For	
Suite, Apt. #, etc			26 Suite, Ap	Suite, Apt. #, etc.						\$8.75 A	Additional
22			27	<b>├</b> ¬ ' '				5. Certificate of Status Desired		Fee Re	
City & Staf	te		City & St	City & State				6. Election Campaign Financing		\$5.00	
Zip Country			28 7ir	Zip Country			Trust Fund Contribution Added to Fees				
Zip 24	25				30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
	9. Name	and Address of Cur		<del></del>	I			10. Name and Address of New R			
	ig, se kim					81	Name				
3697 W. WATERS AVE TAMPA FL 33614						82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
							<del></del>				
					Į.	83					
						84	City		F	L 85 Zip C	Code
office or i	registered ac	tions of Sections 607.0 Jent, or both lin the St Jth, and accept the ob	ate of Florida. Such c	hange was a	uthorized	hvd Ir	the corpor	proration submits this statement for the ration's board of directors. I hereby acce	purpose pt the a	of changing its ppointment as	s registered registered
	Eigenfund typed	or proced as eighteen and		(NO <sup>*</sup> E		i Age	ent signature rec	quired when reinstaling)	DATE		DC IN 10
12.	P	OFFICERS.	AND DIRECTORS	DELETE	13.	i F	<del></del>	ADDITIONS/CHANGES TO OFF	CENS A	Change	Addition
NAME	KIM, JON	ig se		•	12 NA		1				_
STREET ADDRESS		WATERS AVE.				3 STREET ADDRESS 4 City-St-Zip					
CITY - ST - ZIF	TAMPA F	L 33614									
1ITLF	VP	a IIV	L	] DELETE	21 TII					L Change	Addition
NAME CTOCCE ADDRESS	KiM, UI S	WATERS AVE.				ME DECT	ADDRESS				
STREET ADDRESS CITY-ST-ZIP	TAMPA F						ST-ZIP				
TITLE				DELETE	3.1 10					Change	Addition
NAME					3.2 NA	ME					
STREET ADDRESS							ADDRESS				
CITY-ST ZIP				DELETE			SI-ZIP			Change	Addition
TITLE NAME			h.a.	] occent	4.1 TIT 4.2 N/					- Owninge	C radilloi
STREET ADDRESS							ADDRESS				;
CITY - ST - ZIP					4.4 Cr						
TITLE			L	DELETE	5.1 TII	LE				Change	Addition
NAME	1				5.2 NA						
STREET ADDRESS							ADDRESS				
C(TY - ST - ZIP TITLE	<b>.</b>			DELETE	5.4 CH 6.1 TH		ST - ZIP		· <del></del>	☐ Change	Addition
NAME			L		6.2 NA					The strengt	
STREET ADDRESS							r annress				

6.4 CITY - ST - ZIP

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

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 23 1997 8:00am

Secretary of State