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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K37908

Country

9. Name and Address of Current Registered Agent

25

BAY HARBOR ISLAND FL 33154

SMITH, D. DONALD 1301 99TH ST. (6)

FOTO JUNCTION, INC.

BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address	raderini dan inin yaand inin balal
% D. DONALD SMITH 1301 99TH ST.	% D. DONALD SMITH 1301 99TH ST.	1

BAY HARBOR ISLANDS FL 33154

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED
May 06 1998 8:00am
Secretary of State



Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Yes

☐ No

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	84	4	City	EI	85	Zip Code
-	Pure rest to the provisions of Scotion 207 0500 and 507 4600 Florida Otal dee the standard				يلييا	in the second
11.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by					
	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute			po	,	

83

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **SMITH, D. DONALD** NAME 1.2 NAME 1301 99TH ST. STREET ADDRESS 1.3 STREET ADDRESS **BAY HARBOR ISLAND FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HECHT, LAWRENCE S. NAME 2.2 NAME 1301 99TH ST. STREET ADDRESS 2.3 STREET ADDRESS BAY HARBOR ISLAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME BLANK, CY 3.2 NAME 1301 99TH ST. STREET ADDRESS 3.3 STREET ADDRESS **BAY HARBOR ISLAND FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: A Date & Sweet A

de Donard Smil

4-28-98 306-865-5406