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

IGNATURE

FILED PROFIT Jan 28 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # K57810 (9)CHARLES ADAMS PHOTOGRAPHY INC. Principal Place of Business Mailing Address 9940 SW 97TH CT C/O LINDA ADAMS 9940 SW 97TH COURT **MIAMI FL 33176** DO NOT WRITE IN THIS SPACE MIAMI FL 33176 3. Date Incorporated or Qualified 01/12/1989 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable 65-0091568 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible **☑** Yes ☐ No 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ADAMS, LINDA 9940 \$W 97TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition PD 1.1 TITLE TITLE NAME ADAMS, CHARLES 1.2 NAME 9940 SW 97TH CT. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE ADAMS, KENT 2.2 NAME NAME STREET ADDRESS 10371 SW 113 STREET 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TD □ DELETE 3.1 TITLE ADAMS, LINDA 3.2 NAME NAME 9940 SW 97TH CT. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition S 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 12 or Block 13 if changed, 50 m attachment with an address.