

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAR 16 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L22164** (2)

1. Corporation Name  
**SOUTHERN AERIAL PHOTOGRAPHY, INC.**

Principal Place of Business 11911 ROYAL PALM BLVD. #203 CORAL SPRINGS FL 33065 US	change	Mailing Address 11911 ROYAL PALM BLVD. STE. 203 CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/11/1989</b>	3a. Date of Last Report <b>03/01/1994</b>
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2. Principal Place of Business 21 <b>10971 NW 3RD ST.</b>	2a. Mailing Address 26 <b>10971 NW 3RD ST.</b>	4. FEI Number <b>65-0359793</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 <b>PLANTATION, FL</b>	City & State 26 <b>PLANTATION, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 <b>33324</b>	Country 25 <b>Broward</b>	29 <b>33324</b>	30 <b>Broward</b>

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**ISRAELI, HAIM**  
~~1217 N.W. 86TH TERR.~~  
~~CORAL SPRINGS FL 33065~~  
**10971 NW 3RD ST.**  
**PLANTATION, FL 33324**

10. Name and Address of New Registered Agent  
81 Name **Haim M. ISRAELI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10971 NW 3RD ST.**  
83  
84 City **PLANTATION** FL 85 Zip Code **33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ISRAELI, HAIM</b>
STREET ADDRESS	<del>11911 ROYAL PALM BLVD, #203</del>
CITY-ST-ZIP	<del>CORAL SPRINGS FL</del>
TITLE	<b>VP</b>
NAME	<b>ISRAELI, TOVA</b>
STREET ADDRESS	<del>11911 ROYAL PALM BLVD, #203</del>
CITY-ST-ZIP	<del>CORAL SPRINGS FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>ADDR. #</b> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10971 NW 3RD ST.</b>
1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
2.1 TITLE	<b>ADDR. #</b> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>10971 NW 3RD ST.</b>
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or authorized person 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.

SIGNATURE: Haim M. Israeli 2-14-95 305-783-4968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year