

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Jun 14, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **L22164 (2)**  
 1. Corporation Name

**SOUTHERN AERIAL PHOTOGRAPHY, INC.**



Principal Place of Business: 11911 ROYAL PALM BLVD. #203 CORAL SPRINGS FL 33065 US  
 Mailing Address: 11911 ROYAL PALM BLVD. STE 203 CORAL SPRINGS FL 33065 US

3. Date incorporated or Qualified: 10/11/1989  
 3a. Date of Last Report: 03/16/1995  
 4. FEI Number: 65-0359793  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 10971 NW 3RD ST. 22 City & State: PLANTATION 23 Zip: 33324 24 Country: BROWARD  
 2a. Mailing Address: 26 10971 NW 3RD ST. 27 City & State: PLANTATION 28 Zip: 33324 29 Country: BROWARD

9. Name and Address of Current Registered Agent: ISRAELI, HAIM 1217 N.W. 85TH TERR. CORAL SPRINGS FL 33065  
 10. Name and Address of New Registered Agent: 81 Name: ISRAELI HAIM 82 Street Address (P.O. Box Number is Not Applicable): 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ISRAELI, HAIM	
STREET ADDRESS	11911 ROYAL PALM BLVD, #203	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ISRAELI, TOVA	
STREET ADDRESS	11911 ROYAL PALM BLVD., #203	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISRAELI HAIM M.	
1.3 STREET ADDRESS	10971 NW 3RD ST.	
1.4 CITY - ST - ZIP	PLANTATION, FL 33324	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOVA ISRAELI	
2.3 STREET ADDRESS	10971 NW 3RD ST.	
2.4 CITY - ST - ZIP	PLANTATION, FL 33324	
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 119.07(3)(k), 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 617, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 (954) 424-9972  
 DATE TELEPHONE

CR2E034 (3/96)