## 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 # M12289

(8)

GLENN \	WATSON PHOTOGRAPHY,	, INC.						
Principal Place of Business Mailing Address  9031 SW 62 TERRACE  9031 SW 62 TERRACE  MIAMI FL 33173-1669  US					- ( 109)001) 101 (1919 #1919 1100) 1010 1011 01011 01011 01011 01011 01011 01011			
US					<ol> <li>Date Incorporated or Qualified 03/07/1985</li> </ol>	3a. Date 02/12		eport .
2. Principat Pt	ace of Business	2a. Mailing Addres	85		4. FEI Number	UE! IE!	<del></del>	plied For
2. Principal Place of Business 1 903 / S.W. 63, 7c7 26 26					59-2512947		No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, 6	ic.		5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Co	untry	8. This corporation has liability for			
4 351	73 25 1/5	29	30		Ftorida Statutes	Ø Yes □ r		
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent			10. Name and Address of New F	registered Age	ant	
WAT	SON, GLENN			81 Name				
9031 SW 63 TERRACE MIAMI FL 33173				82 Street Addr	ress (P.O. Box Number is Not Accept	able)		
*****				83				
				84 City			<b>85</b> Zip (	Code
dd Dwywaran	the president of Postson CO7 Of	02 and 607 1600 Florida	Cratistan the	have record over	possible at homita this statement for the	FL	anning it	n ragistarad
office or re agent it ar	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such chang gations of, Section 607.0	e was authorize 505, Florida Sta	ed by the corporal atutes.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appoin	tment as	registered
SIGNATURE			ALOJE Canada	ed Agent signature requi	land who a scientalizati	DATE		
12.	Signaturi typerici profettrament regalered a: OFFICERS AN	ND DIRECTORS	(NOTE Pegister		ADDITIONS/CHANGES TO OFF		RECTOR	S IN 12
TITLE	PO	DEL		TITLE	7,00,7,0,7,0,7,0,7,0,7,0,7,0,7,0,7,0,7,		Change	Addition
NAME	WATSON, GLENN		1.21	NAME				
STREET ADORESS	9031 SW 62ND TERR		1.3 9	STREET ADDRESS				
CITY - ST - ZIF	MIAMI FL			CITY - ST - ZIP				
TITLE		[_] DELI	ETE 2.11	TITLE		. L	Change	
NAME			221	NAME				
STHEFT ADDRESS			23	STREET ADDRESS	9	•		
C:TY-ST-ZIP		T pr		CITY-ST-ZIP			LObracia	T Address
TATLE		[] DEL		TITLE		L.	] Change	Addition
NAME				NAME				
STREET ADURESS				STREET ADDRESS				
CITY - ST - ZIP TITLE		DEL		CITY-ST-ZIP TITLE			Change	Addition
NAME				NAME			,	
STREET ADDRESS			•	STREET ADDRESS				
CITY - ST - ZIP				CITY-ST-ZIP				
THE		DEL		TITLE		L	Change	Addition
NAME			521	NAME				
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-ST-ZIP	·			CITY - ST - ZIP				
TITLE		□, DEL	ETE 6.1	TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET ADDRESS				
CITY-ST-7IP	e e e e e e e e e e e e e e e e e e e	and the second s		CITY-SI-ZIP	d to positive 440 07/00/2 Fig. 24 . 00	han ( f. 16	- A.B 10 - 1	•b =
informatio Lam an of	in indicated on this annual report or	supplemental annual reported receiver or trustee	port is true and empowered to	accurate and that	d in Section 119.07(3)(i), Florida Statu It my signature shall have the same le It as required by Chapter 607, Florida	gal effect as if	made und	der oath; tha

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

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**FILED** 

Jan 24 1997 8:00am

Secretary of State

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