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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M37189

(1)

1. Corporation Name

OFFSHORE PHOTOGRAPHERS, INC.

Principal Place of Business

C/O DOUGLAS B. GLASGOW  
P.O. BOX 1439  
PALM CITY FL 34991  
US

Mailing Address

C/O DOUGLAS B. GLASGOW  
P.O. BOX 1439  
PALM CITY FL 34991-6439  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GLASGOW, DOUGLAS B.  
12451 TITAN WAY  
PORT ST. LUCIE FL 34987

3. Date Incorporated or Qualified

08/22/1986

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2705445

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GLASGOW, DOUGLAS B.  
STREET ADDRESS 12451 TITAN WAY  
CITY, ST, ZIP PORT ST. LUCIE FL  
☐ DELETE

TITLE D  
NAME GLASGOW, YVONNE O.  
STREET ADDRESS 12451 TITAN WAY  
CITY, ST, ZIP PORT ST. LUCIE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
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CITY, ST, ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

Yvonne M. Glasgow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne M. Glasgow 4/16/97 561-468-6343

CR2E034 (9/96)