


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27097** (7)

1. Corporation Name

**ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**990 CAROLINA CIRCLE  
TITUSVILLE FL 32796  
US**

**990 CAROLINA CIRCLE  
TITUSVILLE FL 32796-2078  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/23/1988</b>		3a. Date of Last Report <b>04/19/1996</b>	
21		26		4. FEI Number <b>59-2961711</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DAVID A SHIRAH  
990 CAROLINA CIRCLE  
TITUSVILLE FL 32796**

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KILBORN, WILLIAM N.</del>	1.2 NAME	<b>BOOROM, Gary</b>
STREET ADDRESS	<del>109 E. NEW HAVEN AVE.</del>	1.3 STREET ADDRESS	<b>467 Forrest Ave., Ste 119</b>
CITY-ST-ZIP	<del>MELBOURNE FL</del>	1.4 CITY-ST-ZIP	<b>Cocoa FL 32922</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANZANO, DOM</b> <i>GRISANZIO (spelling)</i>	2.2 NAME	
STREET ADDRESS	<b>4804 CANARD RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BOYD, RON</del>	3.2 NAME	<b>CLINTON, Richard</b>
STREET ADDRESS	<b>8850 BATTERFIELD ROAD</b>	3.3 STREET ADDRESS	<b>300 Godfrey Rd. SE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Palm Bay FL 32909</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID A. SHIRAH</b>	4.2 NAME	
STREET ADDRESS	<b>990 CAROLINA CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>IMERESE, Gretchen</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2610 Melissa Ct.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Melbourne FL 32934</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DAVID A. SHIRAH**

**4/25/97**

**407-383-2436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015678

CR2E037 (9/96)