FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DANIO	NY PHOTEGITYE SERVICES	3 INCORP	אובט					
Principal Plac	e of Business	Mailing	Address				T TODINGOL 1934 BIDAD HEADY FORDY HENDE EDIT BADAN BADAN DIGHT DADAN DEBAT SADAN	
11 PIEDMONT CENTER 11 PIEDMONT CENTER								
SUITE 410		SUITE	SUITE 410 ATLANTA GA 30305					
ATLANTA GA	30306	ATLAN					DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
A 55 33 33 35 36	AD.						01/14/1987	
	Place of Business	h	ling Address				4. FEI Number Applied For	
21 Suite, Apt.	# oto	26	Suite, Ap1. #, etc.				58-1307508 Not Applicable S8.75 Additional	
22	. W. BIC	27					5. Certificate of Status Desired Fee Required	
City & Stat	to .		City & State					
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Co	untry		This corporation owes or has paid the current year intangible	
24	25	29		30			Personal Property Tax due June 30. Yes No	
=21	9. Name and Address of Curr		d Agent	[00]	Т		10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM		- v 1		81	Name		
	00 S. PINE ISLAND ROAD				<u>_</u>	<u> </u>		
PLANTATION FL 33324					82	Street A	et Address (P.O. Box Number is Not Acceptable)	
ru	ANIAHON PE 33324				83			
						<u> </u>		
					84	City	FL 85 Zip Code	
f.f. D. vouent	In the exemples of Capters 607.0	100 and 007 1	FOR Florido Chate	dan tha n	<u> </u>	D. D.D. God.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or proving carse of registered:	agent mid title d'app	tentalo (NC	II Registere			required when reinstating) DATE	
12.		ND DIRECTOR		13.		—-т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD CHARLES B		DELETE	1.1 T			Change Li Apolito	
NAME	RICE, CHARLES B.	40		1.2 N				
STREET ADDRESS	11 PIEDMONT CENTER, S4	10				ADDRESS		
CITY-S1-ZIP	ATLANTA GA					ST-ZIP		
TITLE	—— <u> </u>		211		1	☐ Change ☐ Additio		
NAME	BRAZEAL, DAVID P.	•		22 N		Ţ		
STREET ADDRESS	11 PIEDMONT CENTER #4	10				ADDRESS		
CITY-ST-ZIP	ATLANTA GA		The cere			ST-ZIP		
TITLE	W 70 7101440 7		☐ DELETE	3.1 T			Change Additio	
NAME	WARD, THOMAS F			3.2 N		l		
STREET ADDRESS	11 PIEDMONT CENTER, SU	NIE 410		335	TREET	ADORESS		
CITY-ST-ZIP	ATLANTA GA					ST-ZIP		
TITLE			☐ DELETE	4.1 T		i	Absistant Secretary Change Addition	
NAME					MAME		Pame, Julie 11 Piedment Center Suite 410	
STREET ADDRESS	· ·			4.3 S	IREET	ADDRESS	11 Predment center sure To	
CITY-ST-ZIP	<u> </u>			4.4 CITY-		T-ZIP	Atlanta GA 30305	
TITLE			☐ DELETE	5.1 T	ITLE		Change Additio	
NAME				5.2 N	AME	1		
STREET ADDRESS	1			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP				5.4 0	ITY- S	ST-ZIP		
TITLE			DELETE	6.1 T	ITLE		☐ Change ☐ Additio	

6.2 NAME

SIGNATURE:

STREET ADDRESS

14. Thereby 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 offset 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 13 if changed, even an altytion and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Mar 19 1998 8:00am

Secretary of State