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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P28380 (4)
1. Corporation Name
STARR PHOTOGRAPHIC SERVICES, INC.



Principal Place of Business
1666 SPRING CREEK DR.
SARASOTA FL 34239

Mailing Address
1666 SPRING CREEK DR.
SARASOTA FL 34239-5045

3. Date Incorporated or Qualified 03/06/1990
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

58-1567627

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAVES, STEPHEN C.
1666 SPRING CREEK DR.
SARASOTA FL 34239

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD

DELETE

NAME TRAVES, STEPHEN C.
STREET ADDRESS 1666 SPRING CREEK DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE S

DELETE

NAME LEVITT, YETTA S.
STREET ADDRESS 1666 SPRING CREEK DR.
CITY-ST-ZIP SARASOTA FL

TITLE

DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change 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 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, I changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature] YETTA S. LEVITT 4/21/97 944-215-4211

CR2E034 (9/96)