FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P9300005572 (1)

SUNC	COAST 1 HOUR PHOTO, INC).							
Principal Place	of Business	Mailing Address							
5549 FRUITVILLE ROAD SARASOTA CROSSING SARASOTA FL 34235		5549 FRUITVILLE ROAD SARASOTA CROSSING SARASOTA FL 34235							
					3. Date Incorporated or Qualified	3a. Date of	Last Re	port	_1
					01/25/1993	05	01/19	95	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			pplied For	
21		26			65-0387642	· · · · · · · · · · · · · · · · · · ·	^	lot Applicable	
Suite, Apt	#, etc.	Suite Apt. #, etc			5. Certificate of Status Desired	_ ·		Additional	
City & State		City & State						lequired	
23		28			6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip	Country	Zip	Country		This corporation has liability for in	ntano ble tax i			-
24	25	29	30		Florida Statutes 🔀 Yes		.130 0	100.002,	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	egistered Ag	ent		
			81 N	lame					
AAKJE	R, JEFFREY J		82 5	treet Addre	ss (P.O. Box Number is Not Acceptable	e)			\dashv
	FRUITVILLE ROAD SARASOTA CR	OSSING	[]			<u>'</u>			
	SOTA FL 34235		83						
			84	Dity		T	35 Zıç	Code	\dashv
									_
or register	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florid- th, and accept the obligations of, Section	 Such change was authoria 	red by the corpora	ton's board	d of directors. Thereby accept the appo	intalent as reg	rig its re #stered	agent. Lam	2
SIGNATURE	Signature, typia for pricted frame of regions of a police	and the second second				C. 6 72			
12.	Signature, typiotoriprotectinano of region at OFFICERS AND	DiRECTORS	11 13.	p.A. ste teranica l	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	BECTO	RS IN 12	-1ુંદ
TITLE	Ъ	DELETE	1 J TIJLE	T	ABOTTONS OF ANGLES TO OFF		Change	Addition	CR2E034 (12/95)
NAME	AAKJER, JEFFREY A		1.2 NAME				_	_	Z
STREET ADDRESS	5549 FRUITVILLE ROAD SARASOTA CROSSING		1.3 STREET ADJINESS						니X
CITY - ST - ZIF	SARASOTA FL 34235		1.4 CIJY - S1 - Z	Œ					묾
TITLE	D	DELETE					Change	Addition	~ ♡
NAME	AAKJER, PATRICIA A		2.2 % AM 6						
STREET ADDRESS	5549 FRUITVILLE ROAD SAF	RASOTA CROSSING	2.3 STHEET 400	DPESS					
CITY - ST - ZIP	SARASOTA FL 34235		2.4 CiTY - 51 - Z	IF .					
TITLE		☐ DELETE	3 1 TILLE	İ			Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STHEET AD	ORESS					
CITY-ST-ZIP		[] DELETE	3.4 CITY - S1 - 7	<u> </u>			N		
TIFLE		4 1 T'TLE	Ì		Ц	Change	☐ Addition		
NAME			4.2 NAME						
STREET ADDRESS			4.3 SHECLADI						
CITY-ST-ZIF TITLE		DELETE	4.4 C/TY - S1 - Z 5.1 T I I I	14'			Change	Addition	\dashv
NAME		L.J Dittil				L	enan y s	L) Addition	
STREET ADDRESS			5.2 NAME 5.3 STRE-1 ADD	notes					
CITY-ST-ZIP				1					
T:TLE	† 	DELETE	5.4 C/TY ST-7			<u></u> _	Change	Addition	-
NAME			6.2 NAM:				- 9*		
STREET ADDRESS			6.3 STREET ADE	DRESS					1
	1								
CITY-ST-ZIP			6.4 CHY+SF+Z	up.					

14. I do hereby certify that the information supplied wet- this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/30/96 , 941 379-3686