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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90033 005 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013064

1. Corporation Name

KERRY HACKNEY PHOTOGRAPHY, INC.

D-::		Banking Address				-	ir iii i iii i iirii iiiii iiiii	0 B) 0
Principal Plac		Mailing Address						
8609 NW 66TH		8609 NW 66TH S	ST.					
MIAMI FL 33166 US		WIAMI FL 33166 US	MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
03		US		,		3. Date Incorporated or Qualifed		
	•					1		
2 Principal P	Place of Business :	2a. Mailing Addr	*****			02/19/1993 4. FEI Number		aliad Faa
	race of business .	<u>⊢</u> ,	655				<u> </u>	plied For
21		26	-4-			65-0386622		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
22		27						1
City & Stat	te	. City & State				6. Election Campaign Financing	₇ \$5.00	
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	_	Country	,	8. This corporation owes the current	, <u> </u>	_
24	25	29	30	<u> </u>		Personal Property Tax.	☐Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered Agent	
1140	DENEW REDOW	CALL BAR SOLEN		81	Name		•	İ
HAU	CKNEY, KERRY	nula en		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	1	
	9 NW 66TH ST.	Committee of the state of the s		-	Oli Ook / Noor O	so (1.0. Dox rumbol to viot riccoptable)	National and the second of	
MIA	MI FL 33166			83			Y I'V DEWEST	530 68 68
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	,			84	City		* FI 85 Zip (Code
	to the provisions of Sections	607 0502 and 607 1508 Flori				ration submits this statement for the purply's board of directors. I hereby accept the	nose of changing its	régistèred
11: Pursuant			ida Statutes i	the above-	named como			.09.0.00
					named corpo he corporation	n's board of directors. I hereby accept the	e appointment as re	gistered
		ne State of Florida. Such channe obligations of, Section 607.			named corpo he corporation	n's board of directors. I hereby accept the	e appointment as re	gistered
agent. La	im familiar with, and accept the	ne obligations of, Section 607.0	0505, Florida	Statutes.			о арр ониноми ао ко	gistered
signature	am familiar with, and accept the	ne obligations of, Section 607.0	0505, Florida	Statutes.		when reinstating) $\sqrt{q_0} = \sqrt{q_0}$	DATE	
signature 12.	am familiar with, and accept the Signature, typed or printed name of reg OFFIC	ne obligations of, Section 607.0 instered agent and title if applicable. CERS AND DIRECTORS	0505, Florida (NOTE: Reg	Statutes.		when reinstating)	DATE ERS AND DIRECTO	PRS IN 12
agent. La SIGNATURE 12.	Signature, typed or printed name of reg OFFIC	ne obligations of, Section 607.0 instered agent and title if applicable. CERS AND DIRECTORS	0505, Florida	Statutes. gistered Agent 13. 1.1 TITLE		when reinstating) $\sqrt{q_0} = \sqrt{q_0}$	DATE	
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14. I 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 frue 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 yeport 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP