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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023916 (8)

AFFORDABLE PHOTOGRAPHY AND VIDEO, INC.

FILED
May 06 1997 8:00am
Secretary of State



980-A N MILITARY TR WEST PALM BEACH FL 33415 US				860-A N MILITARY TR WEST PALM BEACH FL 33415-1318 US										
i									 Date Incorporated or Qualifi 03/29/1993 		Date of L 5/01/19		port	
	lace of Business	2a. Mailing Address						4. FEI Number		L	Apr	olied For		
21	51	26 5 A M E						65-0397188			Not	.Applicable		
Sulte, Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State			· City & State					6. Election Campaign Financin	a	\$5	i.00	May Be		
23				28					Trust Fund Contribution			dded to		
Zip		Country	Zip Cour			intry		8. This corporation has liability for intangible tay			ole tax un	der s.	199.032,	
24	25		29					Florida Statutes Yes 🔼 🤊 Yo						
	g, Name and	t Registered A	Registered Agent					10. Name and Address of New Registered Agent						
	DRIGUEZ, MAU		-81 Name				SAME							
	-a n. militar) St palm beac					Street	Addres	ddress (P.O. Box Number is Not Acceptable)						
****),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		83								
						84	City			F	85	Zip C	ode	
44 D		al Castiana 607.01.01	2 cod 602 1000	Florida Platul	55 the el			Lagrica	ration automita this statement for t			niver ite		
office or re agent. I a	11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 pr	mind name of registered age	nt and life if applicate	ile (NO1	L Flogistere	d Age	nt signature	: required	l when reinstating)	DATE				
12.		OFFICERS AND			13.				ADDITIONS/CHANGES TO C			CTORS	3 IN 12	
TITLE	PD			DELETE	1.1 31	1L E		T			□ Ci		Addition	
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NAME					6.2 N/	AME		1						
STREET ADDRESS					63.51	THEET	ADDRESS							
CITY-ST-ZIP							1 - 719	<u></u>						
									in Section 119.07(3)(i), Florida Sta ny signature shali have the same					
l am an o	fficer or director		the receiver or	trustee empow	vered to e				as required by Chapter 607, Flori					