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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000000084**

1. Corporation Name

SOUTHERN EXPOSURE CAMERA RENTALS, INC.

Principal Place of Business

**% BART TAU
7741 S.W. 50TH COURT
MIAMI FL 33143**

Mailing Address

**% BART TAU
7741 S.W. 50TH COURT
MIAMI FL 33143**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

**TAU, BART
7741 S.W. 50TH COURT
MIAMI FL 33143**

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. The hereby a corporate 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 or Secretary of State)

12. OFFICERS AND DIRECTORS

TITLE **D** [DELETE]
NAME **TAU, BART**
STREET ADDRESS **7741 S.W. 50 CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** [DELETE]
NAME **BANNER, JOHN**
STREET ADDRESS **7741 S.W. 50 CT**
CITY-ST-ZIP **MIAMI FL 33143**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

14 TITLE
15 NAME
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[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bart TAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 662-9134
Digital Image

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

65-0464604

Applied For
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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

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