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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000009965 (2)

TOBIAS ROHAN RANDALL PHOTOGRAPHY INC.

**FILED** Apr 08 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						T I DOLINERIL TID ROTTI BOUT BOUT BOUT BOUT BOUT BOUT BOUT BOUT		
7240 S.W. 56 AVENUE 7240 S.W. 56 MIAMI FL 33143 MIAMI FL 331					E			
								DO NOT WRITE IN THIS SPACE
								Date Incorporated or Qualified     01/28/1994
2. Principal Place of Business			28.	2a. Mailing Address				4. FEI Number Applied For
21			26					65-0487568 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22				27				Fee Required
City & State				City & State				Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution
Zip		· · _ · · ·				untry	f	8. This corporation owes or has paid the current year Intangible
24	25 29 30 9, Name and Address of Current Registered Agent				30	_		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
00	HAN, NAN		in one regis	torou Agent		81	Name	IV, Haille and Address of New Hegistered Agent
7240 SW 56 AVENUE Miami Fl 33143						82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
1	WIII 1 L 00 I	140				83		
						84	City	FL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 607	.0502 and 6	07.1508, Florida Sta	atutes, the a	abovi	e-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or r	egistered ag m familiar w	gent, or both, in the S ith, and accept the c	State of Florid Ibligations of	da. Such change wi f. Section 607 0505	as authoriza Florida Sta	ed by	y the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		,		, , , , , , , , , , , , , , , , , , , ,			٠.	
						ed Age	eni eignature req	quired when reinstating) DATE
12.	KA	OFFICERS	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	ALANOV		☐ DELETE		TITLE		Change Addition
NAME		, NANCY				NAME		
STREET ADDRESS	LHAND CL AGAAA			·			ADDRESS	
CITY-ST-ZIP	MICMIT	-L 33143		DELETE		CITY - S	IT-ZIP	
TITLE	LJ			ב ביי מינניונ		2.1 TITLE 2.2 NAME		Change Addition
NAME CTREET LINEAGE							4000500	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				☐ DELETE		TITLE	ST-ZIP	Change Addition
NAME						IAME		_ Change _ Addition
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE	****			☐ DELETE		ITLE		Change Addition
NAME					4.2	NAME		_
STREET ADDRESS					4.3 5	TREET	ADDRESS	
CITY-ST-ZIP						CHTY-S		İ
TITLE				DELETE		ITLE		Change Addition
NAME					5.21	AME		
STREET ADDRESS					5.3 \$	TAEET	ADDRESS	
CITY-ST-ZIP	· ·				5.4 (	CITY-S	T-ZIP	
TITLE		1000	. 1	☐ DELETE	6.1 1	ITLE		☐ Change ☐ Addition
NAME					6.2	AME		
STREET ADDRESS					6.3 9	TREET	ADDRESS	
CITY-ST-ZIP		•			6.4 (	S-YTK	T-ZIP	

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 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 of 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, at the an address and the same legal effect as if made under oath; that I am an officer or director of the corporation of the

SIGNATURE: