


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg 1 of 2

1997 JUL 23 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000019897 (5)**

1. Corporation Name

ARCHITECTURAL PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

**6463 LACOSTA DR.
SUITE 405
BOCA RATON FL 33433**

**6463 LACOSTA DR.
SUITE 405
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

06/18/1996

4. FEI Number

65-0483575

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOCHET, STEPHEN L ESQ
2500 N. MILITARY TRAIL
SUITE 220
BOCA RATON FL 33431**

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. 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ABRABEN, MARY R | |
| STREET ADDRESS | 6463 LACOSTA DR., SUITE 405 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | ABRABEN, EMANUEL | |
| STREET ADDRESS | 6463 LACOSTA DR., SUITE 405 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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.

CR2E034 (4/97)

Architectural Photography, Inc.

pg 292

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 18, 1997

TO WHOM IT MAY CONCERN:

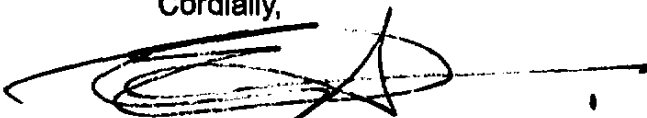
In accordance with my conversation with one of your agents this date, I am enclosing my check in the amount of \$265.00 in lieu of the amount requested in the second notice.

I had sent the payment to your offices on the 24th of May 1997 (Check # 2343) which apparently has not reached your offices.

I sincerely regret any inconvenience that this situation has caused your department, however I am at a loss to understand how valuable and important documents are consistently misplaced and/or lost by our Postal authorities.

Thank you for your understanding and cooperation in this matter.

Cordially,



E. Abraben, Vice President

E. "Manny" Abraben AIA RIBA DPA ASPD
6463 La Costa Drive, #405 • Boca Raton, FL 33433
Phone/Fax (407) 361-9551

AUTHOR: "Point of View" The Art of Architectural Photography
AMERICAN INSTITUTE OF ARCHITECTS • ROYAL INSTITUTE OF BRITISH ARCHITECTS
PROFESSIONAL PHOTOGRAPHERS OF AMERICA • AMERICAN SOCIETY OF PICTURE PROFESSIONALS