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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062611 (6)

SUN PHOTO LABS. INC.

Principal Place of Business Mailing Address 2074 8TH ST. NORTH 2074 9TH ST. NORTH						
NAPLES FL 341	102	NAPLES FL 34102-46	n 7		3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 11/07/1996
2. Principal F	lace of Business	2a. Mailing Addres	<u> </u>		4. FEI Number	Applied For
21		26	26		65-0515471	Not Applicable
Suite, Apt. #, etc		<u>}</u> -	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & Ctata	City & State			Fee Required
City & State		<u>⊢</u> ¬ ′	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Zip Country		8. This corporation has liability for i	
24	25	29	30	•		Yes No
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
TRU	DEAU, KENNETH		8	1 Name		
COASTLAND CTR.			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	4 9TH ST. NORTH					
NAP	LES FL 34102		8	3		
			8	4 City		85 Zip Code
		07.00	Out do No do	1		FL 00 2 p 0000
office or	to the provisions or Sections 607. registered agent, or both, in the S	usuz and 607.1508, Florida tate of Florida. Such change	statutes, the abo was authorized l	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
agent La	am familiar with, and accept the of	bligations of, Section 607.05	05, Florida Statut	6 S.		
SIGNATURE	Signature, type for printed name of registeres	d aroust as a fate. If applicable	ANOTE Properties A	nant signal ya tagu	ired when reinstating)	DATE
12.		AND DIRECTORS	13.	gent eignature requ	ADDITIONS/CHANGES TO OFFIC	
TIRE	D	☐ DELE		:		Change Addition
NAME	TRUDEAU, KENNETH			E		
STREET ADDRESS	SIRFET ADDRESS 2074 9TH ST NORTH, COASTLAND CTR		1.3 STRE	ET ADDRESS		
COTY+ST ZIP	NAPLES FL 34102		1.4 CITY	-ST-ZIP		
TITLE	DELETE		TE 2.1 TITLE			Change Addition
NAME			2.2 NAM	Ε		
\$165ET ADDRESS			2.3 STRE	ET ADDRESS	2	
CHY+ST+ZIP			2 4 CITY	r-St-ZIP		
1:11.6		DELE	TE 31 TITLE			Change
NAME			32 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CHY SI-ZP				(-ST-ZIP		06
TiTLE		☐ DELE		1		Change Addition
NAME	ļ		4. 2 NAN	1		
\$18EET ADDRESS			4.3 STRE	ET ADDRESS		
Cl; X - \$1 - 7/2	<u></u>	T ore		-ST-ZIP		Change Addition
DILE		☐ OELE				□ cuente □ vontron
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		Dorce		-ST-ZIP		Change Addition
HILE		☐ DELE				The cutting the transfer of the control of the cont
NAME STORE LANGUESS			6.2 NAM	EET ANDRESS		•

6.4 CITY-ST-ZIP

14. I do nereby 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

FILED

Apr 04 1997 8:00am

Secretary of State