## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400073238 (5)

GLAMOUR PHOTO PARTIES, INC.

25

Principal Place of Business
3958 MCCLELLAND ROAD ST. CLOUD FL 34772

2. Principal Place of Business

Suite, Apt. #, etc.

Crty & State

21

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23

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Ζıρ

Mailing Address

2a. Mailing Address

City & State

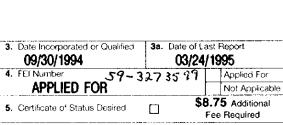
Suite Ant. #, etc

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3958 MCCLELLAND ROAD ST. CLOUD FL 34772



6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has lability for intangible tax under s 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent		10. Name and Address of New Reg
	81	Name
MILLER, JERRY LEE 3958 MCCLELLAND ROAD	82	Street Address (P.O. Box Number is Not Acceptable)
ST. CLOUD FL 34772	83	
	-	

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. Thereby accept the appointment as registered agent. Lam

Country

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	mand accept the obligations of, South 60	7.0505, Florida Statutes.		11-1	5-90		
SIGNATURE J	Syrature, typen of printed name of registered agent a kill to	Lagratication (NC)	E. Registered Agend soleanie recoursed	when rear shallings DATE			
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P\$	[]] DELETE	1 TITLE	☐ Change	Addition		
NAME	MILLER, JERRY LEE		1.2 NAME				
STREET ADDRESS	3958 MCCLELLAND ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL 34772		1.4 Cify - ST - ZiP		ORS IN 12 Addition		
T)TLE	100	☐ DELETE	2 1 THLE	☐ Change	☐ Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 C-TY - ST - ZiP				
TITLE		☐ DELETE	3 1 TITLE	Change	☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		:		
CITY-ST-Z-P			3.4 CHY+ST+ZIP				
TITLE		DELETE	4 1 TIELE	Change	Addition Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 City - ST- ZIP				
TITLE		DELETE	5 1 THTLE	☐ Change	☐ Addition		
NAME			5.2 NAMÉ				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY STI-ZIP				
TITLE		☐ DELETE	6 1 TITUE	☐ Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			64 CITY - ST ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplienental 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 Chanter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with ap address.

SIGNATURE:

LOUNTE MANUEL OF STORING OFFICER OR DIRECTOR

4-15-96

407-933-7388

Zip Code

85