

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007194 (0)

1. Corporation Name

ARCHETYPAL CORP.



Principal Place of Business

P.O. BOX 811915
BOCA RATON FL 33481-1915

Mailing Address

P.O. BOX 811915
BOCA RATON FL 33481-1915

3. Date incorporated or Qualified

01/23/1995

3a. Date of Last Report

4. FEI Number

65-0562979

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 fee if applicable

NOTE: Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SHELTON, MURRAY	
STREET ADDRESS	P.O. BOX 811915 N/A	
CITY-STATE-ZIP	BOCA RATON FL 334	
TITLE	D	DELETE
NAME	SHELTON, KAREN	
STREET ADDRESS	508 COLUMBUS AVENUE	
CITY-STATE-ZIP	BOSTON MA 02118	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

200001751932
03/21/96-01014-08
***200.00

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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 3-20-96

CR2E034 (12/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L45214
1. Corporation Name

ROBERTS PHOTOGRAPHICS INC.

Principal Place of Business Mailing Address
303 SOUTH FEDERAL HWY.
BOCA RATON, FLORIDA 33432

3. Date Incorporated or Qualified 01/26/90
3a. Date of Last Report 01/20/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 303 S. FEDERAL HWY.

22 City & State

27 City & State

23 Zip

Country

28 BOCA RATON, FL

24

25

29 33432

30

4. FEI Number 65-0184097

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 has liability for intangible tax under s. 193.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMOTHY K. ROBERTS
303 SOUTH FEDERAL HWY.
BOCA RATON, FL. 33432

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 of officer or director of corporation or of registered agent

Signature of Registered Agent (signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DPT
TIMOTHY K. ROBERTS
303 SOUTH FEDERAL HWY.
BOCA RATON, FL. 33432

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VS
TIMOTHY ROBERTS
303 SOUTH FEDERAL HWY.
BOCA RATON, FL. 33432

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

200001751388
-03/21/96--01014--034
***200.00

SIGNATURE:

X Timothy K. Roberts - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TIMOTHY K. ROBERTS-PRESIDENT

X 3-14-96 X 407-395-9161
SG 3-20-96

CR2E034 (12/95)