

**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 # P95000024856 (3)

1. Corporation Name

ROBERT STARLING PHOTOGRAPHY, INC.



Principal Place of Business

9677 KILGORE ROAD  
ORLANDO FL 32836

Mailing Address

9677 KILGORE ROAD  
ORLANDO FL 32836

3. Date Incorporated or Qualified  
03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7986 Snowberry Cir  
Suite, Apt. #, etc.

26 Po Box 690998  
Suite, Apt. #, etc.

4. FEI Number

59-3305855

Applied For  
Not Applicable

22

City & State  
Orlando, FL

27

City & State  
Orlando, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

Zip

Country USA

28

Zip

Country USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

32819

25

29

32869

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

STARLING, ROBERT  
9677 KILGORE ROAD  
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

SAME  
7986 Snowberry Cir.  
Orlando FL 32819

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]*

Robert Starling

President

4-2-96

(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	ROBERT STARLING	
STREET ADDRESS	7986 Snowberry Circle	
CITY-ST-ZIP	Orlando, Florida 32819	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Jeanne Starling	
STREET ADDRESS	7986 Snowberry Circle	
CITY-ST-ZIP	Orlando FL 32819	
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 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:

*[Signature]* President

4/2/96

521-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)