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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000063455 (6)

CR FOTOFRAME, INC.

FILED Mar 07 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 08/14/1995 3a. Date of Last Report 08/14/1995 4. FEI Number 64/24/1996 5. Certificate of Business 2a. Mailing Address 5. Suite. Apt #. etc. 5. Certificate of Status Desired 5e Required 5. Certificate of Status Desired 5e Required 5e Required 5. Certificate of Status Desired 5e Required 5e Requir	
21	
Suite Apt # etc. Suite Additional Fee Required Suite Apt # etc.	
5. Certificate of Status Desired Fee Required City & State City & State City & State 28 Country Zip Country 29 30 Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Pyes X.No 9. Name and Address of Current Registered Agent COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 5. Certificate of Status Desired Fee Required Fourty B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes To Name and Address of New Registered Agent Fourty D. Name and Address of New Registered Agent Street Address (P.O. BogNumber is Not Acceptable) Fourty D. BogNumber is Not Acceptable)	
City & State 28 City & State 28 Trust Fund Contribution Country 29 Country B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Per SANO B. Name and Address of Current Registered Agent COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes 10. Name and Address of New Registered Agent 81 Name 10. Name and Address of New Registered Agent 82 Street Address (P.O. BogNumber is Not Acceptable) 12 Street Address (P.O. BogNumber is Not Acceptable) 13 Street Address (P.O. BogNumber is Not Acceptable) 14 FL 85 Zip Cod/3	' l
Zip Country Zip Country B, This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No. 8, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 81 Name INDA BLACK DIVE 82 Street Address (P.O. BogNumber is Not Acceptable) 12 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
24 25 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 81 Name INDA BACK DIVE 82 Street Address (P.O. BogNumber is Not Acceptable) 12 35 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. Name and Address of Current Registered Agent COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 81 Name I NDA BLACK 600 82 Street Address (P.O. Boonumber is Not Acceptable) 12 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
COOKE, BRIAN J 515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 81 Name INDA BLACK 601 Not Acceptable) 12531 BOUNDIN BLACK FL 85 Zip Cool 3	\dashv
515 NORTH FLAGLER DRIVE, SUITE 600 WEST PALM BEACH FL 33401 82 Street Address (P.O. BoyNumber is Not Acceptable) 12331 PONCUE 83 84 ETD (1/27) N B(2/4) FL 85 Zip Cod/3	
WEST PALM BEACH FL 33401 BY BY BY BY BY BY BY BY BY B	
84 \$POUNTON BOOCH FL 85 398013	
\frac{1}{2} \f	
	7
1 11 conserve to the first and as an anatomic and reaches determined an anatomic transfer of the first and an anatomic anatomic and an anatomic anatomic and an anatomic anatomic anatomic anatomic and an anatomic anatomic anatomic anatomic anatomic and an anatomic	red
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. Lam familiar with and accept the obligations of Section 607.0505, Florida Statutes.	d
SIGNATURE STANGET SUM PRESIDENT 2/1497	
Signal updated or printed frame or polyhoren digest and title if applicable (NOTE: Rigistered Agent signature required when reinstalling) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Additional Change Additional Change Additional Change Additional Change Additional Change Change Additional Change	ition g
TITLE D L Change L Addit NAME BLACKBURN, LINDA	2011
STREET ADDRESS 12331 BONEVENTURE DRIVE 13 STREET ADDRESS	Ę
CITY-ST-ZIP BOYNTON BEACH FL 33437	Š
TITLE DELETE 21 TITLE Change Addition	ition C
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TIFLE DELETE 3.1 TITLE Change Addit	ation
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS 4.4 STREET ADDRESS 4.4 STREET ADDRESS 5.4 STREET ADDRES	ł
C(TY - S1 - ZIP	ition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	ļ
CITY-ST-ZIP 44 CITY-ST-ZIP	1
TITLE DELETE 5.1 TITLE Change Addit	ition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-SI-7IP 5.4 CITY-SI-2IP	
TITLE DELETE 6.1 TITLE Change Addit	
NAME 6.2 NAME	ition
STREET ADDRESS 6.3 STREET ADDRESS	ition
CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 14, + 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	ition

read necessing 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 supplied to the same legal effect as if made under oath; that I am an officer or director of the convertion or the receiver or trystee empowered to evedute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Charged, or on an attachment with an appears.

SIGNATURE: