4. 29-97 B-5724 C 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 # P96000012954 (9)

FORTSON PHOTOGRAPHY, INC.

Mailing Address Principal Place of Business 1198 EDGEHILL RD 1198 EDGEHILL RD WEST PALM BEACH FL 33417-5804 WEST PALM BEACH FL 33417 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Sulte, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FORTSON, VALERIE E 1198 EDGEHILL RD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33417 83 Zip Code 84 City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FORTSON, VALERIE E NAME 1.2 NAME 1198 EDGEHILL RD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33417 1.4 CITY-ST-ZIP CITY ST-ZIF Change TITLE ☐ DELETE 2.1 TITLE Addition 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I 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 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the corporation or the receipappears in Block 12 or Block 13) changed, or on an an

FILED

Apr 29 1997 8:00am

Secretary of State