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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION/
ANNUAL REPORT
1997



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

DOCUMENT # P96000045159 (6)

1. Corporation Name
PHOTO OPS, INC.



Principal Place of Business

Mailing Address

~~1400 N.W. 122ND AVE
FT. LAUDERDALE FL 33323-2426~~

~~1400 N.W. 122ND AVE
FT. LAUDERDALE FL 33323-2426~~

3. Date Incorporated or Qualified

05/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4987 NW 23 Avenue
Suite, Apt. #, etc.

26 4987 NW 23 Avenue
Suite, Apt. #, etc.

4. FEI Number

65-0688358

Applied For

Not Applicable

22 City & State

27 City & State

23 Ft. Lauderdale, FL
Zip Country

28 Ft. Lauderdale, FL
Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33309 25 USA

29 33309 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

10. Name and Address of New Registered Agent

FITZGERALD, JOHN
1400 N.W. 122ND AVE.
FT. LAUDERDALE FL 33323-2426

81 Robert Newman
82 4987 NW 23 Avenue
83
84 Port Lauderdale FL 85 Zip Code 33309

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME ROBERT NEWMAN
STREET ADDRESS 4987 NW 23 Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33309

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Chairman
NAME John Fitzgerald
STREET ADDRESS 4987 NW 23 Ave
CITY-ST-ZIP Ft. Laud, FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT NEWMAN

4/29/97

(954) 486-3131

Date Daytime Phone #

CR2E034 (9/96)