

4-18-97 B 4938 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 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 # P96000063976 (0)

1. Corporation Name
CREATIVE PHOTOS AND DESIGNS, INC.

Principal Place of Business
6265 W SAMPLE ROAD #254
CORAL SPRINGS FL 33067

Mailing Address
6265 W SAMPLE ROAD #254
CORAL SPRINGS FL 33067-3175

3. Date Incorporated or Qualified 07/31/1996	3a. Date of Last Report
4. FEI Number 65-0695359-04712	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7667 W. Sample Rd Suite, Apt. #, etc. 22 # 254 City & State 23 Coral Springs, FL Zip 24 33065 Country 25 USA	2a. Mailing Address 26 7667 W. Sample Rd Suite, Apt. #, etc. 27 # 254 City & State 28 Coral Springs, FL Zip 29 33065 Country 30 USA
--	---

9. Name and Address of Current Registered Agent

MILLER, ROBERT R JR
6265 W SAMPLE ROAD #254
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

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

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

Robert R. Miller Jr. Vice President/Secretary

4/11/97

(Signature typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President/Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, ROBERT R			1.2 NAME	Robert R. Miller Jr.		
STREET ADDRESS	6265 W SAMPLE ROAD #254			1.3 STREET ADDRESS	7667 W. Sample Rd # 254		
CITY-ST-ZIP	CORAL SPRINGS FL 33067			1.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	President/Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, LUCY V			2.2 NAME	Lucy Voipe-Miller		
STREET ADDRESS	6265 W SAMPLE ROAD #254			2.3 STREET ADDRESS	7667 W. Sample Rd # 254		
CITY-ST-ZIP	CORAL SPRINGS FL 33067			2.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Miller Jr. Robert R. Miller Jr.

4/11/97

(954)

782-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)