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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071852 (3)

ARTWORK & PHOTOGRAPHY FOR CATALOGS, INC.

Principal Place of Business
36 NORTH SANDY HOOK ROAD

Mailing Address

96 NORTH SANDY HOOK ROAD SARASOTA FL 34242-1621

FILED Feb 17 1997 8:00am Secretary of State



ONLINGUIA IE	VIETE								
						3. Date Incorporated or Qualified 3e 08/28/1996	a. Date of La	ist Report	
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
	N. PALM AUGHUE	26				65-068 9419		Not Applicable	
Suite, Apt #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		75 Additional e Required	
City & State 23 SAM	ASOTA, FL	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
^ℤ 34 2	.36 Country	Zip 29	30	untry		8. This corporation has liability for intan	gible tax und	ler s. 199.032,	
	9. Name and Address of Curren		1001	T		10. Name and Address of New Registe	ered Agent		
CAS	WELL & HARRIS, P.A.			81	Name		<u></u>		
	N.PALM AVENUE				Carret Adda	(D.O. Bou Mushes is Not Assessable)			
	ASOTA FL 34236			82	Street Addit	ess (P.O. Box Number is Not Acceptable)			
				83	-			,	
				84	City		FL 85	Zip Code	
office or r agent. I a SIGNATURE	to the provisions of Sections of Oregistered agent, or both in the State in familiar with, and accept the obligation of the obligation of the obligation of the original of the obligation of th	of Florida. Such change was ations of, Section 607.0505, F.	authorize lorida Sta	ed by stutes.	the corporati	oration submits this statement for the purpoion's board of directors. I hereby accept the	e appointmer	it as registered	
12.	OFFICERS ANI		13.		i og atore regent	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
TITLE	D	☐ DELETE	1.1 T	ITLE	7	7715	Cha		
NAME	SCHWAN, THOMAS		1.2 N	IAME				ļ	
STREET ADDRESS	36 NORTH SANDY HOOK ROA	D	1.3 \$	STREET A	ADDRESS			ļ	
CITY-ST-ZIP	SARASOTA FL 34242		14.0	OITY-ST	:-ZIP			ļ	
TITLE		☐ DELETE	217			······································	Cha	nge Addition	
NAME			22 N	IAME	İ			ļ	
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CITY-ST-ZIP			2.41	CITY-SI	T-ZIP				
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NAME			3.2 N	NAME					
STREET ADDRESS			3.3 S	STREET A	ADDRESS				
CITY-ST-7IP			3.4.1	CITY - \$1	T-ZIP				
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NAME			4.21	NAME	.				
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NAME			5.2 N	HAME]			İ	
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NAME			6.2 N	NAME					
STREET ADDRESS			6.3 \$	STREET #	address			ļ	
CITY-ST-ZIP			6.4 0	CHTY-ST	-2117				
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14. I do hereby certify that the information supplied with this fing 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 each 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 repetiver 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 claimed, or on an attachment with an address.

SIGNATURE:

DE AND TYPES OF PROTED NAME OF SIGNING OFFICER OF DIRECT

11/02/97 971-