## 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 # P9600083879 (2) CENTRAL FLORIDA MARINE PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

517 WEST BRYAN STREET KISSIMMEE FL 34741 517 WEST BRYAN STREET KISSIMMEE FL 34741-5405

## FILED Apr 29 1997 8:00am Secretary of State

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					<ol> <li>Date Incorporated or Qualified 10/07/1996</li> </ol>	3a. Date of L	
2. Principa' Place of E	Business	2a. Mailing Ad	dress		4. FEI Number	1	Applied For
1		26]					Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		#, etc.		6. Certificate of Status Desired	1 1 7 7	.75 Additional ee Required	
City & State		City & State	е		6. Election Campaign Financing	\$5	5.00 May Be
3		28	***************************************		Trust Fund Contribution	A	dded to Fees
<b>Z</b> ip ==	Country	Zip	h	ountry	This corporation has liability for		nder s. 199.032,
4	25	29	30	<del>. ,</del> .		Yes No	
	ame and Address of Cu	irrent Registered Agen		Del M	10. Name and Address of New F	legistered Agent	
	CHARLES T			81 Name			
517 WEST BRYAN STREET				82 Street	Address (P.O. Box Number is Not Accept	able)	
KISSIMMEE	FL 34741					-	
				83			
	_			84 City		85	Zip Code
_		<		City		FL  °°	21p 0000
11. Pursuant to the pe	rovide of lections 607	.0502 and 607.1508, Flo	rida Statutes, the	above-named	corporation submits this statement for the	purpose of chang	ging its registered
office or registere agent. I am famili	ed gent. of boart, in the	toto di Florida. Such chi	ange was authorize	zed by the co	poration's board of directors. I hereby acc	ept the appointme	ent as registered
agent 1 mm tamili	with, and accept the o	pugations of Section bu	7.0505, Florida S	KALUTOS.	11/	マノらつ	
SIGNATURE			Work P	···	e required when re-nstating)	1/1	
12.	typed or printed name of registere	A MIN DIDECTORS	(NOTE Registe		ADDITIONS/CHANGES TO OFF	ICEDS AND DIDE	CTODE IN 12
ULE CA	C Pres OFFICERS	AND DIRECTORS		1 TITLE	ADDITIONS/CHANGES TO OFF	Ch Ch	
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information indicated on this almust report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the occurrence that my name appears in Block 12 or Block 13 of angeld, or an an effect and with an address.

**SIGNATURE** 

NATURE AND THESE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/57 4076453679

time Phone #