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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000094667 (8)

CAMERA MARKETING CORP.

## **FILED** Feb 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						10117 41010 21110 21111 1921 1021
8271 N. PINE ISLAND ROAD 8271 N. PINE ISLAND RO TAMARAC FL 33321 TAMARAC FL 33321						
INMARING FE SOME					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/15/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
Suite, Apt	# ptc	Suite, Apt. #, etc.		<del>,</del>	65-0718223	Not Applicable \$8.75 Additional
22	w. 010	27			5. Certificate of Status Desired	Fee Required
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		26			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Countr	y	8. This corporation owes or has paid the	
4	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	I Registered Agent	81	Name	10. Name and Address of New Register	Ad Agent
	ASS, DANNY		*'	Name		·
8271 N. PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
TAN	MARAC FL 33321		83	<del> </del>		
				_		
			84	City	F	85 Zip Code
11 Pursuant I	to the provisions of Sections 607 050	2 and 607 1508 Horida Sta	dutes the above	e-named corr		
office or re	egistered agent, or both, in the State	of Florida, Such change wa	as authorized b	y the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	m tam-liar with, and accept the onlig	abons Of, Gection 607.0505.	Fiorida Statute	<b>S</b> .		
SIGNATURE	Signature, typind or protect rapid of toge hered age	ontara total tapparable (I	NOTE: Registered Ap	ent signature requi	ired when reinstating) DAT6	
12.	OFFICERS AN	D DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	GLASS, DANNY		1.2 NAME			
STREET ADDRESS	8271 N. PINE ISLAND ROAD		13 STREE	T ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		14 CHY-	ST-ZIP		
TITLE	D	DELETE	. 2.1 TITLE			Change Addition
NAME	GLASS, JODY		22 NAME		*	
STREET ADDRESS	8271 N. PINE ISLAND ROAD			F ADDRESS	,	
CITY-ST-ZIP	TAMARAC FL 33321	Druit	2 4 CITY	ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE	ŀ		Change Addition
NAME			3.2 NAME	7 4 DODE 00		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		Change Addition
NAME		L	4. 2 NAME	Ì		الماليات الم
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4 4 CITY-	1		
TITLE		DELETE	5.1 TITLE	31 EII		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TIFLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY+ST-7IP			64 CITY			

14. I 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 affactiment with an address.

SIGNATURE: