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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

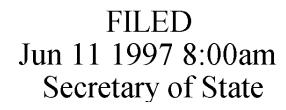
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000098163 (4)

CUSTOM PHOTO, INC.





Principal Place of Business 233 S. STATE ROAD 7 MARGATE FL 33068		233 8. 8	Mailing Address 233 S. STATE ROAD 7 MARGATE FL 33068-5727			F : DEVINED 114 (E110 T(11)	e samman sia sama asitti anist datist datist della 1818 i 1919 (6616 atild) (681				
						3. Date Incorporated of 12/04/1996	or Qualified	3a. Date	of Last F	Report	
	lace of Business	28. Mai	ling Address			4. FEL Number	27/5		A	pplied For	
21		26		45-07158	65-0715843			ot Applicable			
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			E Cortificate of Status	Doolson		\$8.75	Additional	
22		27	27			5. Certificate of Status	Desired	LJ	Fee R	equired	
City & State		City	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribu	tion	Added to Fees			
Zip	Country Zip		Country			8. This corporation has	s liability for in			. 199.032,	
24	25	29		30		Florida Statutes		Yes M			
<u> </u>	9. Name and Address of Co	urrent Registered	l Agent			10. Name and Addres	s of New Reg	istered Ag	ent		
	n, robert s esquire			81	Name						
7101 W. MCNAB ROAD				82	82 Street Address (P.O. Box Number is Not Acceptable)						
	E 200				0.00.		ю посориял	~ <i>/</i>			
TAMA	VRAC FL 33321			B3							
	_			84	Cilu						
	1			84	City			FL	85 Zip	Code	
11. Pursuant t	o the provisions of Socions 607	.0502 and 607.75	08, Florida Statute	es, the above	-named	corporation submits this statem	ient for the pu		nanging i	ts registered	
office or re	to the provisions of Speciens 607 agistered agent, or then, in the t m familiar with, an eacount the c	State of Florida Si obligations of Sec	uch change was a dion 607 0505. Flo	uthorized by vida Statutes	the con	poration's board of directors. If	ereby accep	t the appoir	ntment as	registered	
	1/1/11/	11 1	-	nda otatoro	,		√ √	U19)		
SIGNATURE	Signature, typed by printed name of replacer	ed agent and title if appli	cable (NOTE	Registered Age	ht Bignature	required when reinstating)		OATE	<u></u>		
12.	OFFICERS	AND DIRECTOR	S	13.		ADDITIONS/CHANG	S TO OFFIC	ERS AND D	IRECTOR	RS IN 12	
TITLE	D		DELETE	1.1 101.6		I.UP ST			Change	Addition	
NAME	Lewis, Barbara			1.2 NAME						••	
STREET ADDRESS	233 S. STATE ROAD 7			1.3 STREET	ADDRESS						
CITY-ST-ZIP	MARGATE FL 33068			1.4 Chty- S							
TITLE			DELETE	21 DILE	, Eu				Change	Addition	
NAME				2 2 NAME				_	J 0 . g0	L. Hoomen	
STREET ADDRESS				2.3 STREET	ADDOLOG						
CITY-ST-ZIP											
TITLE			DELETE	2.4 CITY-S 3.1 TITLE	1 · ZIP			<u> </u>	Change	Addition	
NAME			Land Orecord	3.2 NAME				L	1 Change	Addition	
STREET ADDRESS					1000000						
				3.3 STREET						İ	
CITY-ST-ZIP TITLE			DELETE	3.4 CITY S	1-ZIP		·		1.00		
			L. Dicete	4.1 7011.6				L	J Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREFT	ADDRESS						
CITY-ST-ZIP				4.4 CITY - S	1 - ZIP						
TITLE			DELETE	5 1 TITLE] Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				53 STREET	address						
CITY-ST-ZIP				5.4 C/TY-S'	- 7(P						
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME .				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						
CITY-ST-ZIP				6.4 C(TY - \$1							
	y certify that the information cur	Saltin al 11 del 1 del 1 del 100	and an art are all the	v.+ bii i · 3	."	1. 0					

populed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the open of supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that from or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name god, or on an attantion with an address. information indicated on this annual report am an officer or director of the corpor appears in Block 12 or Block 13 if change

Whiles