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

PROFIT CORPORATI•)N ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997

DOCUMENT # P96000103603 (2)

BIO-PHOTO SERVICES, INC.

Principal Place of Business Mailing Address
21305 NW 86TH AVE.
MICANOPY FL 32667 MICANOPY FL 32667

FILED May 13 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

						12/27/1996				
2. Principal f	Place of Business	2a. Mailing Add	iress			4, FEI Number		Ap	plied For	
21		26				59-3420918		No	ı Applicable	
Suite, Apt	t #, etc	Suite, Apt. (#, etc.			5. Certificate of Status Desired		\$8.75 A		
22] City & Sta	ale	City & State	· · · · · · · · · · · · · · · · · · ·			6 Floring Compiler Floring		4	-'	
23]	1	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	C	ountry		B. This corporation has liability for	_=			
24	25	29	30	•		_] No	100.002,	
=======================================	g, Name and Address of Currer			Т.		10. Name and Address of New Re				
DRI	ESSLER, KERRY ANN			81	Name					
OACOF AGAI DOTLE AVE					62 Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (F.O. Box Indiniber is not Acceptable)					
1,1114	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83					7	
								72-1	~	
				84	City		FL	85 Zip (20de	
11. Pursuan	to the provisions of Sections 607.050	2 and 607.1508, Flo	rida Statutes, the	above	e named c	orporation submits this statement for the	ourpose of	changing its	s registered	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such cha	ange was authori	zed by	the corpo	ration's board of directors. I hereby acce	pt the app	ointment as	registered	
		and 10 01, 00010.7 00	. 10000, 1 1011100 0						İ	
SIGNATURE	Signature, typical or printed name of registered ag-	ent and title if applicable	(NOTE Regist	ered Age	ent signature re	equired when reinstating)	DATE	········		
12.	OFFICERS AN	ID DIRECTORS] 1	3.		ADDITIONS/CHANGES TO OFFI	CERS AND			
Tilte			DELETE 1.	TITLE				Change	Addition	
NAME			t	2 NAME		Kerry Dressler				
STREET ADDRESS			1.	3 STREET	ADDRESS	21305 NW BOTHAVE				
CHTY-ST-ZIP			1.	4 CITY-S	T-ZIP	MLANOPY FI 32167				
TifLE			DELETE 2.	TITLE				Change	Addition	
NAME	<u> </u>		2.	2 NAME						
STREET ADDRESS			2.	3 STREET	ADDRESS					
CITY-SI-7P			2.	4 CITY-	ST - 24P					
THE			DELETE 3.	1 TITLE				Change	Addition	
NAME			3.	2 NAME				•		
STREET ADDRESS	5		3.	3 STAEET	ADDRESS					
CITY-ST-7/P				4. CITY-	ST-ZIP					
THILF			DELETE 4.	1 TITLE				Change	Addition	
NAME			4.	2 NAME						
STREET ADDRESS			4.	3 STREET	ADDRESS	' ۱ م	1			
CITY-ST-ZIP				4 CITY-S	T-ZIP	NN O				
TITLE			DELETE 5	1 TITLE		H_{A} X_{A}	•	Change	Addition	
NAME			5.	2 NAME						
STREET ADDRESS	5		5.	3 \$TREET	ADDRESS	₩ T				
City - St - ZiP				4 CITY-5	T-ZIP			-		
TITLE			DELETE 6	1 TITLE	1	الله المنافقة		Change	Addition	
NAMÉ			6	2 NAME		3000215 -05/23/97010 ***165.00		ට ් 12		
STREET ADDRESS			6	3 STREET	ADORESS	-05/23/97010	U4U3	56		
C-FY-ST-7/P				4 CITY-		***165.UU				
14. Ldo her/	eby certify that the information supplie	ed with this filing doe:	s not qualify for t	he exe	imption sta	ited in Section 119.07(3)(i), Florida Statuti hat my signature shall have the same leg	es. I furthe	r certify that	the	