

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

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000012511 (6)

1. Corporation Name:

FLORIDA FOTOGRAFIX CORPORATION

Principal Place of Business

Mailing Address

12101 56TH STREET
TAMPA FL 33617

12101 56TH STREET
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

59-3425499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 12101 N. 56th St

Suite, Apt. #, etc

22 Suite 8

City & State

23 TAMPA, FL

Zip

24 33617

Country

25 USA

2a. Mailing Address

26 12101 N. 56th St.

Suite, Apt. #, etc

27 Suite 8

City & State

28 TAMPA, FL

Zip

29 33617

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Joe Teston, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

5500 Mariner St., Suite 200

83

84 City

TAMPA

FL

85 Zip Code

33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joe Teston, CPA

(Signature required in printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

7-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PTD
ELLIOTT, PAMELA M
STREET ADDRESS
12101 56TH STREET
CITY-ST-ZIP
TAMPA FL 33617

TITLE ☐ DELETE

NAME
VSD
ZAITZ, LAWRENCE E
STREET ADDRESS
12101 56TH STREET
CITY-ST-ZIP
TAMPA FL 33617

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

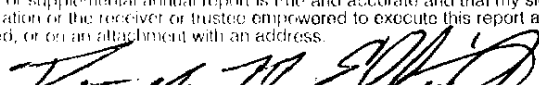
62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE



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