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\* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham N

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT #** 

P97000047198 (1)

GUY MARCH PHOTOGRAPHICS, INC.

## FILED Mar 16 1998 8:00am Secretary of State



2 112/66

Principal Place of Business Mailing Address 3211 NORFOLK STREET 3211 NORFOLK STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3140 W. FEDERAL FEDERAL Hum 28 3140 N. 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Powel 23 LIGHT HOUSE 28 LIGHT HOOKE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MARCHESSAULT, GUY BONNIE  $H_{NN}T(UFF)$ 3211 NORFOLK STREET Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33062 W. FROGNAL 83 84 City of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the abligations of, Section 607.0505 Florida Statutes. Registered Agent signature required when reinstating) ame of registered a jo ADDITIONSICHANCES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change MINTEUFF TITI F Bonnie Hauteuff 1140 N. FRORMS HW MARCHESSAULT, GUY 1.2 NAME NAME 3211 NORFOLK STREET STREET ADDRESS 1.3 STREET ADDRESS 33064 LIGHT HOUSE POWTE, FL POMPANO BEACH FL 33062 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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 allochment with an address.