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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000059249 (7)

L.A.M. PHOTOGRAPHIC, INC.

rincipal Place of Business	Mailing Address
3796 CAMBAY ST.	3796 CAMBAY ST.
DELTONA FL 32738	DELTONA FL 32738

## **FILED** May 05 1998 8:00am Secretary of State



3796 CAMBAY ST. DELTONA FL 32738  3796 CAMBAY ST. DELTONA FL 32738			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified 07/08/1997			
2. Principal Place of Business 28. Mailing Address				4. FEI Number	<del>  -   -  </del>	plied For		
21		26					ot Applicable	
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.		5. Certificate of Status Desired			
		City P. Pinto	Ptoto				<u></u>	
City & State		City & State	<del> </del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
23 Zin	Country	<b>28</b>	Country		8. This corporation owes or has paid the current year Intangible			
Zip 24	25	29	30		Personal Property Tax due June 30. Yes X No			
24	Name and Address of Curre				10. Name and Address of New Registered Agent			
CHI	UMENTO, MICHAEL D			B1 Name		<u> </u>		
	LD KINGS RD. N., STE. B		ļ.	00	Jan (5) O. David Lambas in Mat Associable)			
PALM COAST FL 32137			,	82 Street Address (P.O. Box Number is Not Acceptable)				
FAL	M COAST FL 32137		la la	B3				
			L.				<del></del>	
			'	B4 City	F	<b>B5</b> Zip (	Code	
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								
	Signature, typied or printed name of registered a			Agent signature req	aired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	Addition	
TITLE	D	L DELETE	1.1 TITL			Charige	☐ Madricon	
NAME	MARONEY, LYNN		1.2 NAM					
STREET ADDRESS	3796 CAMBAY ST.			EET ADDRESS				
CITY-ST-ZIP	DELTONA FL 32738	DELETE		Y-ST-ZIP		Change	Addition	
TITLE	MARONEY MICHAEL		2.1 7/11			L Change		
NAME	MARONEY, MICHAEL		2.2 NAM				1	
STREET ADDRESS	3796 CAMBAY ST.			EET ADDRESS	- 1			
CITY-ST-ZIP	DELTONA FL 32738			Y-ST-ZIP		Change	Addition	
TITLE	MADONEY OFOROE	ר"ו הנוכונ	3.1 1171			☐ Auguite		
NAME	MARONEY, GEORGE 8796 CAMBAY ST.		3 2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	DELTONA FL 32738	DELETE	3.4. CH	Y-ST-ZIP		Change	Addition	
TITLE		- Mill	4.1 JHC			41101.80		
NAME				<b>,</b>			ļ	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.1 TITE	Y-ST-ZIP		Change	Addition	
Į.		La vicelle	5.2 NAI	1				
NAME			ı	MEET ADDRESS			]	
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	6.1 TITE	Y-\$T-ZIP		Change	Addition	
NAME			6.2 NAI	l l				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-S1-ZIP				

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 chyliged, or on an aftechment with an address.