

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073836 (3)
 1. Corporation Name

MAVRIX NEW PHOTOS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 411 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441	Mailing Address 411 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified 08/25/1997	
4. FEI Number 65-0778595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
REAVLEY, ROMANI T 411 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVLEY, ROMANI T	1.2 NAME	
STREET ADDRESS	411 E. HILLSBORO BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVLEY, CHOLIA	2.2 NAME	
STREET ADDRESS	411 E. HILLSBORO BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVLEY, MARILYN	3.2 NAME	
STREET ADDRESS	411 E. HILLSBORO BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVLEY, HERBERT	4.2 NAME	
STREET ADDRESS	411 E. HILLSBORO BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVLEY, CULLEN	5.2 NAME	
STREET ADDRESS	411 E. HILLSBORO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 attachment with an address.

SIGNATURE: HERBERT REAVLEY (954) 698-6777

CR2E034 (10/97)