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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100902 (0)

1. Corporation		S PHOTOGRAP	'HY, INC	- (-)						
Principal Place of Business Mailing Address									DIN QUIN (DIN 61	ALLE ILET LEAT
926 WILLOW RUN LANE 926 WILLOW RUN LANE										
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708								DO NOT INDITE IN THE	ה מחאמר	
<u> </u>								DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
							11/18/1997			
2. Principal f	Place of Business		2a, Mailing Address					4. FEI Number	A	pplied For
21			26					59-34792//	N	ot Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	+	Additional lequired	
City & Sta	te		City & State				6. Election Campaign Financing	\$5.00	May Be	
23			28					Trust Fund Contribution Added to Fees		
Zip		Country	Zip		Country			8. This corporation owes or has paid the c		
24	25 25 25 Name and Address of Curr		29 30		30	<u> </u>		Personal Property Tax due June 30. 10. Name and Address of New Registered		No
G	LAVIN, GRACE A		riogistorou rigori	<u> </u>	81	Nam	e	10. Hallo and Process of Italia Hogistelet	- Agoin	
	340 TUSKAWILLA			00	0,		ess (P.O. Box Number is Not Acceptable)			
	INTER SPRINGS			62	82 Street		ess (P.O. Box Number is Not Acceptable)			
					83					
					84	84 City FL 85 Zip C			Code	
11 Pursuant	to the provisions o	f Sections 607 0502	and 607 1508 Fig	rida Statutes	the abov	e-pame	ed corno	oration submits this statement for the purpose		its registered
I office or	registered agent, o	r both, in the State o	il Florida. Such chi	ande was au	thorized by	v the co	orporatio	on's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	antrenniai wini, an	a necept the ornigati	One of, Section oc	77.0000; FIOR	da Statute	۵.				
SIGNATURE	Signature, lyped or profit	ed name of registered agent	and title if applicable	(NOTE:	Registered Ag	ent signat	vre require	d when reinstating) DATE		
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	AVMOND O	Ц	DELETE	1.1 TITLE		1		Change	Addition
NAME	MERTENS, R		· ·		1.2 NAME					
STREET ADDRESS	926 WILLOW	NINGS FL 32708				1,3 STREET ADDRESS				
CITY-ST-ZIP	D D	11403 FL 32700		DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP	 		Change	Addition
NAME	MERTENS, A	NNF I		OCCCIE	2.1 IIILE		1		C outside	L.J Addition
STREET ADDRESS	926 WILLOW					2.3 STREET ADDRESS		پ ند و د		
CITY-ST-ZIP		INGS FL 32708				2. 4 CITY-ST-ZIP				
TITLE				DELETE	3,1 TITLE	D1 Z11	 	····	Change	Addition
NAME	Ì				3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRES:	s			
CITY-ST-ZIP					3.4. CITY-	ST-ZIP				
TITLE				DELETE	4.1 TITLE	•			Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	(ADDRES	5			
CITY-ST-ZIP		,			4.4 CITY - S	ST-ZIP				<u>.</u>
TITLE	ľ		Ц	DELETE	5.1 TITLE				L Change	Addition
NAME					52 NAME					
STREET ADDRESS					5.3 STREET		S			
CITY-ST-ZIP				nei ere	5.4 C/TY - S	ST-ZIP			Chance	
TITLE	}		Ц	DELETE	6.1 TITLE		1		☐ Change	
NAME					6.2 NAME	6.2 NAME 6.3 STREET ADDRESS				
STREET ADDRESS					6.3 STREET	ADDRES:	5			

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 Statules, 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 chapted, or on an attachment with an address.