

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # S29749 (6)
1. Corporation Name
SCHOOL PICTURES, INC.

Principal Place of Business	Mailing Address
8070 PASADENA BLVD. PEMBROKE PINES FL 33024	8070 PASADENA BLVD. PEMBROKE PINES FL 33024

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 01/31/1991		
4. FEI Number 65-6092294	Applied For	
	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	
SMITH, ROLAND O. SR. 8070 PASADENA BLVD. PEMBROKE PINES FL 33024	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

SIGNATURE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE) _____

12.		OFFICERS AND DIRECTORS	13.	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	SMITH, ROLAND O. SR.		1.2 NAME	
STREET ADDRESS	8070 PASADENA BLVD.		1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL		1.4 CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SMITH, ROLAND O JR		2.2 NAME	
STREET ADDRESS	934 CRESTVIEW CIRCLE		2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTON FL		2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

[illegible]

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: [Signature] Philip C. Smith, Jr. 172-100-0000/0000 0000 0000

C:R2F034 (10/07)