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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

不是不是一种,我们我们的我们的一种不是一种的人的人的人,我们也有一种的人的人的人,也是一种的人的人,也是一种的人的人的,我们也是一种的人的人,也是一个人的人的人的人的人的人的人,也是一个人的人的人的人的人,也是一个人的人的人的人的人的人,也是一个人的人的人的人的人的人,也是一个人的人的人的人,也是一个人的人的人的人的人,也是一个人的人的人的人的人,也是一个人的人的人的人的人的人的人,也是一个人的人的人的人的人,也是一个人的人的人的人,也是一个人的人的人的人,也是一个人的人的人的人,也是一个人的人的人的人,也是一个人的人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39423 Corporation Name PHOTO CENTER, INC.

(1)

Mailing Address

FILED
May 02 1997 8:00am
Secretary of State

| 2329 N. GOTH AVE. HOLLYWOOD FL 33021 | 2329 N. 60TH AVE. HOLLYWOOD FL 33021-3203 | | | | |
|---|---|--------------------------|---|--|--|
| | | | | 3. Date Incorporated or Qualified 05/28/1992 | 3a. Date of Last Report 04/24/1996 |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | 26 | | 65-0333829 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 60.75 | |
| 22 | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Country 25 | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Country | ť | 8. This corporation has liability for in | |
| 25 | 29 3 | 10 | *************************************** | | Yes No |
| 9, Name and Address of Current F | legistered Agent | 81 | | 10. Name and Address of New Reg | istered Agent |
| BAILEY, ABE A. 20401 N.W. 2ND AVE. | | 81 | Name | | |
| SUITE 206 | | 82 | Street Add | dress (P.O. Box Number is Not Acceptabl | e) |
| | | - | | | |
| MIAMI FL 33169 | | 83 | | | |
| | | 84 | City | | ■■ 85 Zip Code |
| 144 B | 1007.4500.51 | | <u></u> | | FL 10 Ap conc |
| Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | Florida, Such change was au | Profized by | / the corpora | rporation submits this statement for the pu ation's board of directors. I hereby accept | urpose of changing its registered the appointment as registered |
| SIGNATURE Signature, typed or printed name of registered agent a | nd tile if applicable (NOTE: I | Redistered And | or signature regi | ulred when reinstating) | DAT6 |
| 12. OFFICERS AND D | | 13. | i. ognatore requ | ADDITIONS/CHANGES TO OFFICE | |
| TITLE D | ☐ DELETE | 1.1 TUTUE | | | Change Addition |
| NAME BIERSAY, ROY | | 1.2 NAME | | | |
| STREET ADDRESS 1040 S.W. 99TH AVE. | | 1.3 STREET | ADDRESS | | |
| PEMBROKE PINES FL | | 1.4 CITY - S | T - ZIP | | |
| TITLE D | DELE1E | 2 1 TITLE | | | Change Addition |
| NAME BIERSAY, GEWNDOLYN | | 22 NAME | | | |
| STREET ADDRESS 1040 S.W. 99TH AVE. | | 23 STREET | ADDRESS | • | |
| PEMBROKE PINES FL | | 2. # CITY-5 | ST-ZIP | | |
| TITLE | ☐ DELETE | 3 1 TITLE | | | Change Addition |
| NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 33 STREET | ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY - S | SI-ZIP | | |
| Min.t | ☐ DEL E TE | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | 4. 2 NAME | | | |
| STREET ADDRESS | | 4.3 STREE1 | ADDRESS | | |
| CATY-ST-ZIP | | 4.4 CITY - S | 1 - ZIP | | |
| TITLE Section | ☐ DELETE | 5.1 TITLE | Ì | | Change Addition |
| NAME * | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STRFET | ADDRESS | | |
| CITY-ST-ZIP | Butte | 5.4 CHY-S | 1 - ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | [| | Change Addition |
| NAME | | 62 NAME | - | | |
| STREET ADDRESS | | 63 STREFT | ADDRESS | | |
| *CITY-ST-2IP | 91. 11. 17. 17 | 6.4 CITY-S | T-ZiP | | |
| 14. I do hereby certify that the information supplied winformation indicated on this annual report or supplia am an officer or director of the corporation or the appears in Block 12 or Block 13 jl changed, or op | plemental annual report is true e rece:ver or trustee empower: | e and accu ed to exec | irate and tha | if my signalure shall have the same logal. | offect as if made under eath: that I |