

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP -8 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 46367
1. Corporation Name

RICK POLEY PHOTOGRAPHY, INC.

Principal Place of Business Mailing Address
267 CHARLEMAGNE BLVD. 267 CHARLEMAGNE BLVD.
KEY LARGO, FL 33037-3233 KEY LARGO, FL 33037-3233

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6-22-92	3a. Date of Last Report
21 Suite, Apt. #, etc	26	27 Suite, Apt. #, etc	30	4. FEI Number 65-0337792	Applied For Not Applicable
22 City & State	27	27 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	28 Zip	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RICHARD POLEY
267 CHARLEMAGNE BLVD.
KEY LARGO, FL 33037-3233

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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	

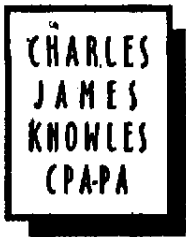
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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 or as an attachment with an address.

SIGNATURE:

Richard Poley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-97 (305) 665-5282
Date Daytime Phone #

CR2E034 (9/96)



Charles James Knowles CPA PA
Certified Public Accountants

7550 SW 57 Avenue, Suite 112, Miami, FL 33143
(305) 665-5282 Fax 665-7574
E-mail cjkcpa@savingsflow.com

Charles J. Knowles CPA
Elsa P. Marrero CPA

September 4, 1997

Annual Reports Filings
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find a 1997 Corporate Annual Report filled out in favor of Rick Poley Photography, Inc., along with a check in the amount of \$165.00.

On January 2, 1997, before leaving for a year-long photographic safari throughout the continental United States (he is presently in Alaska) Mr. Poley mailed his original Corporate Annual Report and check.

It is our understanding that many of the reports and checks received in January, 1997, were inadvertently destroyed. We have been assured that Rick Poley Photography, Inc. will not be assessed any penalties or interest.

If there is any further need for clarification or conversation, please contact our office at (305) 665-5282.

Sincerely,

Susan I. Saumell