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**Feb 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55579 (9)
1. Corporation Name
COMPUTER PORTRAIT OWNERS ASSOCIATION, INC.



Principal Place of Business: **160 S.W. 12TH AVENUE SUITE 106 DEERFIELD BEACH FL 33442**
Mailing Address: **160 S.W. 12TH AVENUE SUITE 106 DEERFIELD BEACH FL 33442-3114**

3. Date Incorporated or Qualified: **08/03/1992**
3a. Date of Last Report: **02/12/1996**
4. FEI Number: **65-0371686**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MOUSER, FREDERICK L.
810 - 63RD AVENUE NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name: **COHEN, ARNOLD ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable): **2424 NORTH FEDERAL HIGHWAY**
83 **SUITE 314**
84 City: **BOCA RATON** FL 85 Zip Code: **33431**

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: *Arnold Cohen* **ARNOLD COHEN, Esq.** (NOTE: Registered Agent signature required when reinstalling) DATE: **2/11/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	KENDES, SAMUEL	
STREET ADDRESS	160 S.W. 12TH AVE #106	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	RAUDENBUSH, MARION P.	
STREET ADDRESS	160 S.W. 12TH AVE #106	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	PST	<input type="checkbox"/>
NAME	KENDES, SAMUEL	
STREET ADDRESS	160 S.W. 12TH AVE #106	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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. 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: *Sam Kendes* **SAM KENDES** DATE: **2/10/97** DAYTIME PHONE #: **954-427-9998**

CR2E034 (9/96)