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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90019 008 \*\*\*150.00

DOCU	MENT # G18245	5					
1. Corporation	i Name	,					
CHAMPIC	ON PHOTO, INC.				1000111 0001 1001 1010 1101 0101 0100 1111 01001	elani Albii Bishi C	#### <b>##</b> ##############################
Principal Place	of Rusiness	Mailing Address			<u> </u>		
•		· ·					
% EDMUND A. MCGUIRE, III % EDMUND A. MCGUIRE, III 2502 SW THIRD AVENUE FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
		T. A. 12. A. 14.			01/11/1983 4. FEI Number		plied For
2. Principal Place of Business		2a. Mailing Address		···		plied For ot Applicable	
21 Suite, Apt. #, etc.		Suite. Apt. #, etc.		59-2258686	\$8.75		
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Country		8. This corporation owes the current year In		_
24	25	29 30	0		Personal Property Tax.	X Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
MCG	iuire, edmund A., III		01	Ivame			
2502 SW 3RD AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33315		83				
• • • •							
			84	City	FL	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above	l e-named com		changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	ntment as re	gistered
=	m familiar with, and accept the obliga	tions of, Section 607.0303, Florida	a Statutes	·-			Į.
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE. Re	egistered Agei	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MCGUIRE III, EDMUND A						
STREET ADDRESS	2002 0 11111.0 7112.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Onlinge	[] Addition
NAME			2.2 NAME	T.4000E00			
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			3.1 TITLE	51-ZIP		Change	Addition
NAME	_		3.2 NAME				}
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP			
TITLE	☐ DELETE 4.11		4.1 TITLE			Change	Addition:
NAME -	4.2		4. 2 NAME				
STREET ADDRESS	SS 4.35		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE 5.1 T				Change	☐ Addition
NAME	•		5.2 NAME	* +0000000			
STREET ADDRESS	,			TADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	11-217		Change	Addition
TITLE		□ DELETE	6.2 NAME			C Grange	_ radiion
NAME				TADDRESS			1
STREET ADDRESS			6.4 CITY-S				1
CITY-ST-ZIP							

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, with all other like empowered.

SIGNATURE;

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 Date

Daytime Phone #