

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M37189** (1)
1. Corporation Name
OFFSHORE PHOTOGRAPHERS, INC.

Principal Place of Business Mailing Address
C/O DOUGLAS B. GLASGOW **C/O DOUGLAS B. GLASGOW**
P.O. BOX 1439 **P.O. BOX 1439**
PALM CITY FL 34990 **PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1986** 3a. Date of Last Report **05/31/1994**
4. FEI Number **59-2705445** 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 U.S. Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
GLASGOW, DOUGLAS B.
12451 TITAN WAY
PORT ST. LUCIE FL 34987

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 607.01(2), Florida Statutes.

SIGNATURE _____ (Type or typed name of registered agent, authorized officer, or registered agent) _____ (Type or typed name of registered agent, authorized officer, or registered agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLASGOW, DOUGLAS B.
STREET ADDRESS	12451 TITAN WAY
CITY, ST. ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	GLASGOW, YVONNE Q.
STREET ADDRESS	12451 TITAN WAY
CITY, ST. ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST. ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY, ST. ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
31 STREET ADDRESS	
31 CITY, ST. ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
41 STREET ADDRESS	
41 CITY, ST. ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
51 STREET ADDRESS	
51 CITY, ST. ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
61 STREET ADDRESS	
61 CITY, ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(9)(B), 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: *Yvonne M. Glasgow* **Yvonne M. Glasgow** 4/27/94 (407) 468-6343
TYPE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR