

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000002270 (7)

95 FEB 23 PM 3: 14

1. Corporation Name

SOUTHERN MICROFILM CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 7808
METAIRIE LA 70010

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METAIRIE LA 70010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1983

3a. Date of Last Report

01/03/1995

4. FEI Number

72-0770799

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election (Applicable to Foreign

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199 Q32, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 4920 W. Cypress St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 4100

27

City & State

City & State

23 Tampa, FL

28

Zip

Country

Zip

Country

24 33607

25 Hillsborough

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARMADE, BURTON B JR
4920 W. CYPRESS ST.
SUITE 4100
TAMPA FL 33607

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 607.0502 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 their appointment

Name, Registered Agent (signature required after registration)

Date

12. OFFICERS AND DIRECTORS

13. Additional Registered Agents (if any)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
C	RATHE, ROBERT J SR.	BELLE TERRE ROAD	COVINGTON LA 70433					<input type="checkbox"/>	<input type="checkbox"/>
PD	RATHE, ROBERT J JR.	RT. 3 BOX 600R	COVINGTON LA 70433					<input type="checkbox"/>	<input type="checkbox"/>
VPD	RATHE, DAVID	MONTGOMERY ROAD	MANDEVILLE LA 70448					<input type="checkbox"/>	<input type="checkbox"/>
ST	MARMADE, BURTON B JR	124 HOMESTEAD	METAIRIE LA 70005					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 199 Q32(b)(1), 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: *Burton B. Marmande, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Burton B. Marmande, Jr.

2-15-95
February 15, 1995