

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

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **K37908** (6)
1. Corporation Name
FOTO JUNCTION, INC.

APPROVED AND FILED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% D. DONALD SMITH, 1301 99TH ST., BAY HARBOR ISLANDS FL 33154**
Mailing Address: **% D. DONALD SMITH, 1301 99TH ST., BAY HARBOR ISLANDS FL 33154**

DO NOT WRITE IN THIS SPACE

2. Director (Name of Business) **21** Mailing Address **2a**
3. Date Incorporated or Qualified **10/10/1988** 3a. Date of Last Report **04/28/1994**
4. FFI Number **NOT APPLICABLE** 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**
7. This corporation has liability for intangible tax under 5, 199, 235 Florida Statute

9. Name and Address of Current Registered Agent
**SMITH, D. DONALD
1301 99TH ST.
BAY HARBOR ISLAND FL 33154**

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. Payment for this corporation's franchise fee for 1995 and 1994-1995, 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, thereby, accept the appointment of a registered agent. I am hereby withdrawing the resignation of the previous agent. Florida Statutes.

SIGNATURE OF REGISTERED AGENT: **SMITH, D. DONALD** No. To Register Agent: **21** Registered Agent: **SMITH, D. DONALD**

12. CHANGES TO OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	SD SMITH, D. DONALD 1301 99TH ST. BAY HARBOR ISLAND FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, LAWRENCE S. 1301 99TH ST. BAY HARBOR ISLAND FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY	PD	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, CY 1301 99TH ST. BAY HARBOR ISLAND FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct and that I am duly qualified to file this report as required by Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made in compliance with the provisions of the law of the State of Florida. I have signed the report as required by Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an officer, director, or shareholder.

SIGNATURE: *D. Donald Smith* **D. DONALD SMITH, SECY** 4-30-95 (302) 865-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR