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

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **634054** **(1)**

1. Corporate Name
PHOTO ASSOCIATES, INC.

Principal Place of Business
5205 NW 33RD AVE
FT. LAUDERDALE FL 33309

Mailing Address
5205 NW 33RD AVE
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-2009986** 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 habitually delinquent taxes under § 607.0127 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WORKMAN, JAMES M
5205 NW 33RD AVE
FT. LAUDERDALE FL 33309

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 Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is duly organized by the directors, officers, or shareholders as required by Section 607.0505 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WORKMAN, JAMES M.
STREET ADDRESS	5205 NW 33RD AVE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	VTD
NAME	ROBISON, THOMAS
STREET ADDRESS	5205 NW 33RD AVE
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Add/Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Add/Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Add/Delete
NAME		
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Add/Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information appearing on this report is accurate and that I am familiar with the provisions of Section 607.0505, Florida Statutes, that pertain to the annual report or supplemental annual report filing, and that my signature shall have the same legal effect as if made under oath that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Section 607.0505, Florida Statutes. I further certify that I am familiar with the contents of the attached affidavit or affidavits.

SIGNATURE: James Workman 5/15/95 (305) 733 9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0210360 CP