

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

5-1-96 B-5645 C
(8)

DOCUMENT # F58031

1. Corporation Name

FOTOTECHNIKA, INC.



Principal Place of Business

624 LOMAX STREET
JACKSONVILLE FL 32204

Mailing Address

624 LOMAX STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
12/10/1981

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2148115

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOWARD, JOHN
1051 FOUNTAIN RD
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

HOWARD, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

3567 HERSCHEL ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32205

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T/S
NAME HOWARD, SAUNDRA S.
STREET ADDRESS 1051 FOUNTAIN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

P
NAME HOWARD, JOHN R.
STREET ADDRESS 1051 FOUNTAIN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE

V
NAME ROBERTS, MIKE
STREET ADDRESS 6553 SYRINGA LANE
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Howard 4-30-96 904-356-2503

CR2E034 (12/95)