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

DOCUMENT # **F86037** **(1)**

1. Corporation Name

PHOTO MAGIC ONE HOUR LAB, INC.

Principal Place of Business	Mailing Address
3804 E. COLONIAL DR. ORLANDO FL 32803	3804 E. COLONIAL DR. ORLANDO FL 32803

3. Date Incorporated or Qualified: **06/16/1982**

3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2197876** ☐ 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

9. Name and Address of Current Registered Agent

BOWDOIN, DOUGLAS
255 S ORANGE AVE #850
ORLANDO, FL
32802

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent's signature required for filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSSERI, RICHARD		1.2 NAME	
STREET ADDRESS	325 BRANTLEY CLUB PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSSERI, YARDENA		2.2 NAME	
STREET ADDRESS	325 BRANTLEY CLUB PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALICG MOSSERI		3.2 NAME	
STREET ADDRESS	325 BRANTLEY CLUB PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL MOSSERI		4.2 NAME	
STREET ADDRESS	325 BRANTLEY CLUB PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	600001879576
STREET ADDRESS			5.3 STREET ADDRESS	-06/28/96--01080--008
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5-28-96

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)(i), 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: Richard Mosseri PRES 4/19/96 407-896-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)