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

FILED
96 AUG 19 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 8/21

DOCUMENT # **F94000005550 (8)**

1. Corporation Name
~~JON F. CASSAR PHOTOGRAPHY, INC.~~
CASSAR FILMWORKS INC.

Principal Place of Business
1168-B NEW HAVEN AVE., W.
WEST MELBOURNE FL 32904

Mailing Address
1168-B NEW HAVEN AVE., W.
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-3275169 — 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

CASSAR, JON F
1168-B NEW HAVEN AVE., WEST
WEST MELBOURNE FL 32904

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 date of appointment — Note: Registered Agent's signature required where resigning

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CASSAR, JON	
STREET ADDRESS	4 LARGE COURT	
CITY-ST-ZIP	BRAMPTON, ONTARIO L6S 5V2	
TITLE	VD	☐ DELETE
NAME	CASSAR, KRISTINA F.	
STREET ADDRESS	4 LARGE COURT	
CITY-ST-ZIP	BRAMPTON, ONTARIO L6S 5V2	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	100001[illegible]891	☐ Change ☐ Addition
1.2 NAME	-07/23/96--01021--001	
1.3 STREET ADDRESS	****200.00 ****200.00	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	700001[illegible]	☐ Change ☐ Addition
3.2 NAME	-08/21/96--01021--003	
3.3 STREET ADDRESS	****296.25 ****200.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: K. Cassar KRISTINA CASSAR April 24/96 (905) 451-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

CR2E034 (12/95)