

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 # **G30125** (0)

1. Corporation Name

FOTOGRAFIK TEKNEKS, INC.



Principal Place of Business

**2724 NW 30TH AVE
FT LAUDERDALE, FL 33311**

Mailing Address

**2724 NW 30TH AVE
FT LAUDERDALE, FL 33311**

2. Principal Place of Business

21

Sub: Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Sub: Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COOGLER, MONROE A., JR.
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/23/1983

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2275170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

Signature type is printed name of registered agent in the block below.

Signature type is printed name of registered agent in the block below.

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

MAZEY, JON A.

STREET ADDRESS

9355 NW 53RD ST

CITY-ST-ZIP

SUNRISE FL

TITLE

S

☐ DELETE

NAME

ST. JOHN, CHARLES B.

STREET ADDRESS

7151 WOODMONT WAY

CITY-ST-ZIP

TAMARAC FL

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

☐ Change

☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

☐ Change

☐ Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change

☐ Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change

☐ Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change

☐ Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change

☐ Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Mazezy President

2-8-96

954-731-9300

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