

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G42713** (9)  
1. Corporation Name  
**SOUTHERN PHOTO TECHNICAL SERVICE OF ORLANDO, INC.**

Principal Place of Business	Mailing Address
C/O FRED BROWNE 1201 NORTH MILLS AVENUE ORLANDO FL 32803 US	C/O FRED BROWNE 1201 NORTH MILLS AVENUE ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/08/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2291821</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BROWNE, FRED  
1201 N. MILLS AVE.  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>MCMANIS, WILLIAM P</b>
STREET ADDRESS	<b>1201 N MILLS AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b>
NAME	<b>BROWNE, FRED S., JR.</b>
STREET ADDRESS	<b>1201 N. MILLS AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>MCMA</b>
NAME	<b>NUS, ANDREA</b>
STREET ADDRESS	<b>1201 N. MILLS AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>STD</b>
NAME	<b>BROWNE, RUTH</b>
STREET ADDRESS	<b>1201 N. MILLS AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P M C</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D MCMANUS, ANDREA</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **FRED BROWNE** 4/25/95 4078960322  
SIGNATURE AND TYPE OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR (Date) (Registered Office #)