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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H49974** **(9)**

1. Corporate Name
**MICHAEL PHOTOGRAPHY, INC.**

Principal Place of Business:
% BARBARA A.LEWIS
235 S. STATE RD 7
MARGATE FL 33068

Mailing Address:
% BARBARA A.LEWIS
235 S. STATE RD 7
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 04/02/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt # or Bldg
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # or Bldg
27
City & State
28
29 30

4. FEI Number: 59-2538423 — 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. The corporation has subsidiaries as defined by the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**LEWIS, BARBARA R.**
**235 SOUTH ST. RD 7**
**MARGATE FL 33068**

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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ST |
| NAME | LEWIS, BARBARA A. |
| STREET ADDRESS | 550 SW 62 TERRACE |
| CITY, STATE, ZIP | MARGATE FL |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PV ☐ Change ☒ Addition |
| NAME | |
| STREET ADDRESS | 235 S. SR 7 |
| CITY, STATE, ZIP | MARGATE FL 33068 |

14. I hereby certify that the information supplied with this filing, and amendments, if any, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report or amended annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached sheet with any address.

SIGNATURE: Barbara Lewis — 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0111229 CP