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 # H73900 (3)

1. Corporation Name
PHOTOGRAPHIC SUPERVISORY SERVICES, INC.

Principal Place of Business
P.O. BOX 430964
SOUTH MIAMI FL 33243

Mailing Address
P.O. BOX 430964
SOUTH MIAMI FL 33243

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

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 05/19/1995
4. FEI Number: 59-2637006 ☐ 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

FREEMAN, PAUL H.
9100 S DADELAND, 1406 DATRAN CTR.
MIAMI FL 33156

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Field	Officer 1 (☐ DELETE)	Officer 2 (☐ DELETE)	Officer 3 (☐ DELETE)	Officer 4 (☐ DELETE)	Officer 5 (☐ DELETE)	Officer 6 (☐ DELETE)
TITLE	PS	D				
NAME	UGENT, AVERY	UGENT, AVERY				
STREET ADDRESS	881 OCEAN DRIVE #23A	881 OCEAN DRIVE #23A				
CITY-ST-ZIP	KEY BISCAYNE FL	KEY BISCAYNE FL				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	1 (☒ Change ☐ Addition)	2 (☒ Change ☐ Addition)	3 (☐ Change ☐ Addition)	4 (☐ Change ☐ Addition)	5 (☐ Change ☐ Addition)	6 (☐ Change ☐ Addition)
TITLE	PS	D				
NAME	UGENT, AVERY	UGENT, AVERY				
STREET ADDRESS	P.O. Box 430964	P.O. Box 430964				
CITY-ST-ZIP	South Miami, FL 33243 "N/A"	South Miami, FL 33243 "N/A"				

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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: Avery A. Ugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Avery A. Ugent, President

04-25-96 Date
(305)665-3868 Daytime Phone #

CR2E034 (12/95)