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

#539

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88929 (1)

1. Corporate Name
D. M. PHOTOGRAPHY, INC.

Principal Place of Business
% DAVID B. MCCORMICK
2625 N.E. 8TH STREET
POMPANO BEACH FL 33062

Mailing Address
% DAVID B. MCCORMICK
2625 N.E. 8TH STREET
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1987
3a. Date of Last Report: 02/25/1994

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: 65-0016882 — 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCCORMICK, DAVID B.
2625 N.E. 8TH STREET
POMPANO BEACH FL 33062

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCORMICK, DAVID B.
STREET ADDRESS	2625 N.E. 8TH STREET
CITY, ST, ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and that such filing fee in the amount of $225.00 has been included. I further certify that the officers or directors of the corporation or the officers or trustees of the trust or other entity authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: [signature] 4-28-95 942-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103720 CP