**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 JUL 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J92153** **(2)**

1. Corporation Name
**CASEWORK AND PHOTO LAB SPECIALTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2105 PONCE DE LEON BLVD~~<br>~~CORAL GABLES FL 33134~~<br>105 Levy Rd<br>Atlantic Beach, FL 32233 | ~~2105 PONCE DE LEON BLVD~~<br>~~CORAL GABLES FL 33134~~<br>PO Box 14-0459<br>Coral Gables, FL 33114-0459 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 105 Levy Rd
22: Suite, Apt. #, etc.
23: City & State: Atlantic Beach, FL
24: Zip: 32233
25: Country

2a. Mailing Address
26: PO Box 14-0459
27: Suite, Apt. #, etc.
28: City & State: Coral Gables, FL
29: Zip: 33114-0459
30: Country

4. FEI Number: 65-0011518 ☐ 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**

HERRIS, IRVING
801 41ST ST
SUITE 200
MIAMI BEACH FL 33140

**10. Name and Address of New Registered Agent**

81 Name: Philip Milton
82 Street Address (P.O. Box Number is Not Acceptable): 6100 SW 92 ST
83:
84 City: Miami **FL** 85 Zip Code: 33156

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: Philip Milton — PHILIP MILTON — 7/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 1... | |
|---|---|---|---|
| TITLE | ST | 11 TITLE | ☑ Change ☐ Addition |
| NAME | MILTON, PHILIP | 12 NAME | |
| STREET ADDRESS | 2105 PONCE DE LEON ROAD | 13 STREET ADDRESS | 6100 SW 92 ST |
| CITY-ST-ZIP | CORAL GABLES FL | 14 CITY-ST-ZIP | MIAMI, FL-33156 |
| TITLE | P | 21 TITLE | ☑ Change ☐ Addition |
| NAME | PICKETTE, HELEN | 22 NAME | |
| STREET ADDRESS | 2105 PONCE DE LEON | 23 STREET ADDRESS | 105 Levy Rd |
| CITY-ST-ZIP | CORAL GABLES FL | 24 CITY-ST-ZIP | Atlantic Beach, FL-32233 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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)(i), 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:** Philip Milton — PHILIP MILTON — 7/24/95 (305) 661-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040081 CP