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 # K32194   (8)

1. Corporation Name

PHOTOMASTERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
5711 N.E. 27TH AVE ~~FT. LAUDERDALE FL 33308~~	5711 N.E. 27TH AVE FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified	3a. Date of Last Report
08/31/1988	05/01/1995

2. Principal Place of Business
- 21: 6447 W. Commercial Blvd
- 22: Suite, Apt. #, etc.
- 23: City & State — TAMARAC FL
- 24: Zip — 33319
- 25: Country

2a. Mailing Address
- 26: 6447 W. Commercial Blvd
- 27: Suite, Apt. #, etc.
- 28: City & State — TAMARAC FL
- 29: Zip — 33319
- 30: Country

4. FEI Number: 65-0069264 — 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

ECKERT, ROGER K.
~~5711 N.E. 27TH AVE~~
~~FT. LAUDERDALE FL 33308~~

10. Name and Address of New Registered Agent

- 81: Name
- 82: Street Address (P.O. Box Number is Not Acceptable) — 6447 W. Commercial Blvd
- 83:
- 84: City — TAMARAC — FL — 85: Zip Code 33319

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: _(signed)_   DATE: 4-29-96

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

12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ECKERT, ROGER K.		1.2 NAME		
STREET ADDRESS	8702 N.W. 1ST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ECKERT, BETTY L.		2.2 NAME		
STREET ADDRESS	8702 N.W. 1ST ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _(signed)_   Date: 4-29-96   Daytime Phone #: (954) 721-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)