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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

SIGNATURE:

M24894

(1)

MARTIN FINE PHOTOGRAPHY, INC.												
Principal Place of Business Mailing Address 11019 LIMERICK AVENUE CHATSWORTH CA 91311 US Mailing Address 11019 LIMERICK AVENUE CHATSWORTH CA 91311 US												
								orporated or Qualified 0/1985	3a. Date of 07/	Last R 21/19		
2. Principal Pla	ace of Business	2a. Mailir 26	2a. Mailing Address 26					4. FEI Number Applied For S9-2630322 Not Applied			Applied For Not Applicable	
Suite, Apt. #	i, etc.	Suite 27	Suite, Apt. #, etc.				5. Certificate	e of Status Desired		\$8.75	Additional Required	
City & State		City &	City & State			I	Campaign Financing			May Be		
Zip	Zip Country		Zip C					nd Contribution cration has liability for	intangibie tax u		d to Fees 199.032.	
24	25 9. Name and Address of Current	29 30			-T		Florida St	Florida Statutes				
		81	Name	TO HOUSE U	is Address of Holl	registered Ag	ont.					
FINE, MARTIN 17815 N.E. 9TH PLACE					82	Street	treet Address (P.O. Box Number is Not Acceptable)					
	II BEACH FL 33162				83							
					84	City	T TIME			85 Zı	p Code	
11 Pureuant to	the provisions of Sections 607 0600	and 607 1609	Florido Ctotut	ac #ba a		•			- L I	- 1 '	`	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											egistered office Lagent, Lam	
SIGNATURE Must find application of registered again and title 1 applicable (NOTE Registered Agains signature required when rehistating) DATE												
12.	OFFICERS AND			13		a griatere		IS/CHANGES TO OFF	FICERS AND D	BECTO	DRS IN 12	
TITLE	PD		DELETE	1	1 TITLE	# *** A				Change	Addition	
NAME	FINE, MARTIN			12	NAME				<i>_</i>	P	. 0 > 0	
STREET ADDRESS CITY-ST-ZIP	792 WILLOW BROOK DR NAPLES FL				STREET A	ADDRESS -ZIP	3375 THE AVENTURI	+, FL	LOUNT/CY	CZU	O UL.	
TITLE	D		DELFTE		1 TITLE				B	Change	Addition	
NAME	FINE, LINDA S.			2.2	NAME				• • 🔽	_		
STREET ADDRESS	792 WILLOW BROOK DR					2 3 STREET ADDRESS 3		O. COUNTRY	CLUB	DR.		
CITY - ST - ZIP	NAPLES FL			2.4	CITY-ST	- ZIP	AVENTUR	A PL				
TITLE			["] DELETE	3 -	TITLE					Change	☐ Add tion	
NAME				3 2	NAME						į	
STREET ADDRESS				3.3	STREET.	ADDRESS						
CITY-ST-ZIP THILE			E NE ET		CITY-ST	- ZIP						
NAME			DELETE		TITLE				Ų	Change	Addition	
STREET ADDRESS					NAME							
CITY-SI-ZIP				4	STREET A							
TITLE			DELETE		CITY-ST LTHLE	- / IP		***************************************		Change	Addition	
NAME					NAME				□'	mange	[_] Addition	
STREET ADDRESS					STREET A	ADDRESS						
CITY-ST-ZP					CITY-ST							
TITLE			DELETE		TITLE					Change	☐ Addition	
NAME				6.2	NAME					-		
STREET ADDRESS				6.3	STREET A	ADDRESS						
CITY-ST-ZIP				6.4	C∙TY-ST	- 7IP						
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 AND TYPED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

429/96 (818)341-7113 Dalin Delin Prione F