

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northcott
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010635 (0)

1. Corporation Name

ADVANCED FILM LABS, INC.

Principal Place of Business

% JAN SEROCKI
3601 W. COMMERCIAL BLVD., SUITE 40
FORT LAUDERDALE FL 33309

Mailing Address

% JAN SEROCKI
3601 W. COMMERCIAL BLVD., SUITE 40
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

06/01/1994

4. FFI Number

65-0375310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for corporate tax under S. 1981.02
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

Suite Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEROCKI, JAN
3601 W. COMMERCIAL BLVD.
SUITE 40
FORT LAUDERDALE FL 33309

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SEROCKI, JAN
STREET ADDRESS	3601 W. COMMERCIAL BLVD., #31
CITY, ST, ZIP	FORT LAUDERDALE FL 33309
TITLE	SD
NAME	SEROCKI, PHIL
STREET ADDRESS	3601 W. COMMERCIAL BLVD., #31
CITY, ST, ZIP	FORT LAUDERDALE FL 33309
TITLE	VD
NAME	LLOYD, BOB
STREET ADDRESS	3601 W. COMMERCIAL BLVD., #31
CITY, ST, ZIP	FORT LAUDERDALE FL 33309
TITLE	TD
NAME	LLOYD, LYNN
STREET ADDRESS	3601 W. COMMERCIAL BLVD., #31
CITY, ST, ZIP	FORT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.02(2)(b), 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. 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 of this document.

SIGNATURE:

Jan Serocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 307-231-0086
(Signature)