

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000010635 (0)**

1. Corporation Name

**ADVANCED FILM LABS, INC.**



Principal Place of Business <b>% JAN SEROCKI 3601 W. COMMERCIAL BLVD., STE. 40 FORT LAUDERDALE FL 33309 US</b>	Mailing Address <b>% JAN SEROCKI 3601 W. COMMERCIAL BLVS., STE. 40 FORT LAUDERDALE FL 33309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>12/08/1992</b>	
4. FEI Number <b>65-0375310</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SEROCKI, JAN 3601 W. COMMERCIAL BLVD. STE. 40 FORT LAUDERDALE FL 33309</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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, 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 12			
TITLE	PD	NAME	SEROCKI, JAN	11 TITLE		12 NAME	
STREET ADDRESS			BLVD 40	13 STREET ADDRESS		14 CITY - ST - ZIP	
CITY - ST - ZIP			FORT LAUDERDALE FL	21 TITLE		22 NAME	
TITLE	SD	NAME	SEROCKI, PHIL	23 STREET ADDRESS		24 CITY - ST - ZIP	
STREET ADDRESS			BLVD 40	31 TITLE		32 NAME	
CITY - ST - ZIP			FORT LAUDERDALE FL	33 STREET ADDRESS		34 CITY - ST - ZIP	
TITLE		NAME		41 TITLE		42 NAME	
STREET ADDRESS				43 STREET ADDRESS		44 CITY - ST - ZIP	
CITY - ST - ZIP				51 TITLE		52 NAME	
TITLE		NAME		53 STREET ADDRESS		54 CITY - ST - ZIP	
STREET ADDRESS				61 TITLE		62 NAME	
CITY - ST - ZIP				63 STREET ADDRESS		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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:

*Janet P. Serocki* 5/22/98

CR2E034 (10/97)