FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # **P94000010617 (6)**

1. Corporation Name

MIAMI PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
13683 LITTLE HARBOR CT JACKSONVILLE FL 32225	13683 LITTLE HARBOR CT JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2742163 — 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. That corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MASON, DEMERE
516 W ADAMS ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent, and title if applicable) (Date) (Registered agent signature required when changed) (FEI)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPVS	71 TITLE	[ ] Change [ ] Addition
NAME	SCOTT, DARYLE V	72 NAME	
STREET ADDRESS	13683 LITTLE HARBOR CT	73 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32225	74 CITY ST ZIP	
TITLE	T	75 TITLE	[ ] Change [ ] Addition
NAME	SCOTT, DARYLE V	76 NAME	
STREET ADDRESS	13683 LITTLE HARBOR CT	77 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32225	78 CITY ST ZIP	
TITLE		79 TITLE	[ ] Change [ ] Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY ST ZIP		82 CITY ST ZIP	
TITLE		83 TITLE	[ ] Change [ ] Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY ST ZIP		86 CITY ST ZIP	
TITLE		87 TITLE	[ ] Change [ ] Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY ST ZIP		90 CITY ST ZIP	
TITLE		91 TITLE	[ ] Change [ ] Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 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)(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: Daryle W. Scott /DARYLE V. SCOTT — 1/15/95 — 407-645-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0023827 CP