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

APPROVED AND FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032822 (6)**

1. Corporation Name
CAMERA, VIDEO VENDING INC.

Principal Place of Business	Mailing Address
1325 S. CONGRESS AVE. #234 BOYNTON BEACH FL 33426	1325 S. CONGRESS AVE. #234 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8840 Woolbright Rd	26 8840 Woolbright Rd.
Suite, Apt. #, etc. 22 Suite 349	Suite, Apt. #, etc. 27 Suite 349
City & State 23 Boynton Beach FL	City & State 28 Boynton Beach FL
Zip / Country 24 33436 / 25 USA	Zip / Country 29 33436 / 30 USA

4. FEI Number: 65-0564499 ☐ 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	10. Name and Address of New Registered Agent
MORGAN, SHARON 1325 S. CONGRESS AVE. #234 BOYNTON BEACH FL 33426	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: Sharon Morgan 4-27-95
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	President	11 TITLE	Vice President	☐ Change ☐ Addition
NAME	Tom Morgan	12 NAME	Sharon Holgan	
STREET ADDRESS	3715 Golf Rd #165	13 STREET ADDRESS	3715 Golf Rd #165	
CITY-ST-ZIP	Boynton Beach, FL 33436	14 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAIL	
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	$ Deposited by Bank	

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: Sharon Morgan 4-27-95 407-731-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264437 CP