

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000092658 (1)**

1. Corporation Name

**ACTION FILM SERVICES UNLIMITED, INC.**



Principal Place of Business	Mailing Address
1901 BRICKELL AVENUE SUITE 602 MIAMI, FL 33129	1901 BRICKELL AVENUE SUITE 602 MIAMI, FL 33129

3. Date Incorporated or Qualified <b>12/22/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0542079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1485 NE 12105 STREET</b>	26 <b>1485 NE 12105 STREET</b>
Suite, Apt. #, etc 22 <b>SUITE D-114</b>	Suite, Apt. #, etc 27 <b>SUITE D-114</b>
City & State 23 <b>North Miami, FL</b>	City & State 28 <b>North Miami, FL</b>
Zip 24 <b>33161</b>	Zip 29 <b>33161</b>
County 25 <b>DADE</b>	County 30 <b>DADE</b>

9. Name and Address of Current Registered Agent

**SHELNUT, PHILIP D  
1901 BRICKELL AVE  
B-602  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	ST SHELNUT, PHILIP D	1.1 TITLE	<b>VICE PRESIDENT</b>
NAME	1901 BRICKELL AVENUE STE 602	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MORGAN, MARY L	2.1 TITLE	<b>PRESIDENT</b>
NAME	1901 BRICKELL AVENUE STE 602	2.2 NAME	
STREET ADDRESS	MIAMI FL 33129	2.3 STREET ADDRESS	<b>1485 NE 12105 ST. D-306</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>NORTH MIAMI, FL 33161</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY MORGAN, PRESIDENT**

**Aug. 7, 1996**

**(305) 892-6283**

CR2E034 (3/96)