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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

STREET ADDRESS

City-St-2iP

P9600001485 (7)

KLIK DIGITAL RESOURCES PHOTO LAB, INC. Principal Place of Business Mailing Address 3120 CAMBRIA COURT 3120 CAMBRIA COURT ORLANDO FL 32825 ORLANDO FL 32825 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3351915 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Γ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s 199.032. 24 29 25 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name AGUILAR, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 3120 CAMBRIA COURT ORLANDO FL 32825 83 84 City 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 DATE Signarure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TIME Change Addition AGUILAR, RICHARD NAME 1.2 NAME 3120 CAMBRIA COURT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32825 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TIFLE 2. 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY - ST - ZIP 3.4 C/TY - ST - Z/P THLE DELETE 4 1 TITLE [Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 C(TY - ST - Z(P TITLE DELETE 5 1 TITLE [Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIF 54 CHY-ST-ZIP TITLE □ DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE SIGNATURE AND TYPED ON PRITED NAME OF SIGNING OFFICER ON DIRECTOR

6.3 STREET ADDRESS

64 CITY-ST-ZIP