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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000060676**

1. Corporation Name
MAGIC PHOTO, INC.

Principal Place of Business	Mailing Address
3804 EAST COLONIAL DRIVE ORLANDO FL 32803	3804 EAST COLONIAL DRIVE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1998

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3521145	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: MOSSERI RICHARD 82 Street Address (P.O. Box Number is Not Acceptable): 3804 E. COLONIAL DRIVE 83 84 City: ORLANDO FL 85 Zip: 32803

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: Richard Mosseri RICHARD MOSSERI 5/24/99
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MOSSERI, RICHARD 3804 EAST COLONIAL DRIVE ORLANDO FL 32803	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Richard Mosseri REQUIRED 4/25/99 407-896-3747 7/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

Photo Magic 1 Hour Lab Inc.
3804 E. COLONIAL DRIVE
ORLANDO, FL 32803

6/29/99

Gentlemen:

Enclosed is a copy of the envelope which the post office mutilated We had responded to your letter dated May 17th, 1999 in a Timely manner but leave it to our Mail System.
We realize that no one has control of the System but we all do our best.

Sincerely Yours

Richard Moore

PHOTO MAGIC
3804 E. Colonial Drive
Orlando, FL 32803

Division of Corporations
Post Office Box 1500
Tallahassee FL 32302-1500