Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # \$51348

SPEEDY PHOTO & VIDEO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90234 024 ***150.00

Principal Place	e of Business	Mailing Address							
3831 W. VINE S	TREET	3831 W. VINE STREET							
#69 KISSIMMEE FL 34741		#69 Kissimmee FL 34741	* -=			DO NOT WRITE IN THIS SPACE			
US	34/41	US			3. Date Incorporated or Qualifed	<u> </u>			
					05/08/1991				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-3070564		l N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional	
22		27	_		3. Oblined of Childs Booked			Required	
City & State		City & State	City & State		6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	try	8. This corporation owes the curre	ent year Inta	angibie ∐Yes	IBNo	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30		Personal Property Tax. 10. Name and Address of New R	egistered /			
	9. Name and Address of Curren	t Kegistered Agent		31 Name	To. Harrie and Addition of How				
RITCI	H, JOHN B.								
	CHURCH STREET		1	32 Street Add	ress (P.O. Box Number is Not Accepta	ible)			
	IMMEE FL 34741		1	33			_		
			Ĺ				Ta=T ==		
			1	City		FL	85 Zip	Code	
44 Burguent	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the abo	ove-named con	poration submits this statement for the	purpose of	changing if	ts registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	unorizea i	oy the corporat	ion's board of directors. I hereby accep	t the appoir	ıment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE:	Registered A	gent signature requir	ed when reinstating)	DATE			
12.		ID DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT		
TITLE ,	P	☐ DELETE	1.1 TITL	E			☐ Change	e Addition	
NAME	KHAN, FRAZAL RAHIM		1.2 NAM	Æ					
STREET ADDRESS			1.3 STR	EET ADORESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	-ST-ZIP					
TITLE	PVTD	☐ DELETE	2.1 TITL	E			Change	e	
NAME	KHAN, FAZAL RAHIM		2.2 NAM	IE					
STREET ADDRESS	12051 TERRACE RIDGE DR.		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	3.1 TITL	£			Change	e	
NAME	1		3.2 NAM	4E					
STREET ADDRESS			3.3 STR	EET ADDRESS					
- CITY-ST ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	E			☐ Change	e 🔲 Addition	
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	e Addition	
NAME , .	January Comment		5.2 NAA	1E					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP	• • • •		5.4 CIT	r-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	E	_		☐ Change	e 🗀 Addition	
NAME			6.2 NAA	NE					
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY OF 7ID	1		6.4 CIT	Y-ST-ZIP					

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 supplier 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: