

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S95422** (9)

1. Corporation Name

LASER PHOTO TRANSFER SYSTEMS CORP.



Principal Place of Business

Mailing Address

**2800 W SAMPLE RD
FESTIVAL FLEA MARKET
POMPANO BCH FL 33067**

**2900 W SAMPLE RD
FESTIVAL FLEA MARKET
POMPANO BCH FL 33067**

3. Date Incorporated or Qualified

11/19/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0292584

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKOWITZ, GEORGE
1327 ROEMAN ST
HOLLYWOOD FL 33019**

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

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

NAME **PR
BERKOWITZ, GEORGE**
STREET ADDRESS **1327 RODMAN ST**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **VP
BERKOWITZ, GIZELLA**
STREET ADDRESS **1327 RODMAN ST**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BERKOWITZ

4/29/96 305-978707

CR2E034 (12/95)