

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:10

DOCUMENT # V16612 (6)

1. Corporation Name

2020 COLLINS - 50 MINUTE FOTO FINISH, INC.

Principal Place of Business

**2020 COLLINS AVE
MIAMI BEACH FL 33139
US**

Mailing Address

**2020 COLLINS AVE
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1992	3a. Date of Last Report 02/08/1994
4. FCI Number 65-0312885	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SHULTZ SANFORD A
2020 COLLINS AVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 FL 86 Zip (5 digits)

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 based on printed name of registered agent and last name of registered agent)

(Signature based on printed name of registered agent and last name of registered agent)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHULTZ, SANFORD A
STREET ADDRESS	2020 COLLINS AVE
CITY, ST, ZIP	MIAMI BCH FL
TITLE	VD
NAME	SHULTZ, IRA
STREET ADDRESS	2020 COLLINS AVE
CITY, ST, ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.1 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
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 199.032(c)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and I am confident that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the incorporator or those empowered to execute the 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: *Sanford A. Shultz* **SANFORD A. SHULTZ** 2/20/95 (305) 534-7084