

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996 5-1-96

B-5749

DEPARTMENT OF CORPORATIONS

DOCUMENT # V29183

(3)

1. Corporation Name

PHOTO/GRAPHICS, INC.



Principal Place of Business

Mailing Address

11460 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065  
US

9640 N.W. 28TH STREET  
CORAL SPRINGS FL

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1992

3a. Date of Last Report

02/22/1995

4. FEI Number

65-0331055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

DOUMAR, RAYMOND A.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE FL 33316-1197

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FICHNER, J. HENRY  
STREET ADDRESS 9640 N.W. 28TH ST.  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE SVT  
NAME FICHNER, JUDITH M.  
STREET ADDRESS 9640 N.W. 28TH ST.  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE D  
NAME FICHNER, JUDITH M.  
STREET ADDRESS 9640 N.W. 28TH ST.  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 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 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:

Judith M. Fichner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 954-341-2608

Date

Daytime Phone #

CR2E034 (12/95)