

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

MAY -1 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **V72323** (1)

1. Corporation Name

FOTO MART, INC.

Principal Place of Business

1722 DEL PRADO BLVD.
CAPE CORAL FL 33930

Mailing Address

1722 DEL PRADO BLVD.
CAPE CORAL FL 33930

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/15/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0362662

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4419 DEL PRADO BLVD 26 4419 DEL PRADO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3

27 3

City & State

City & State

23 CAPE CORAL FL

28 CAPE CORAL FL

Zip

Country

Zip

Country

24 33904 25 U.S.A

29 33904 30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORA, TERRY L.
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963

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 then if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CONNER, DAVID
STREET ADDRESS 2938 SW 6TH AVE.
CITY - ST - ZIP CAPE CORAL FL 339141.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE V
NAME LONDON, ALAN
STREET ADDRESS 24831 PENNY ROYAL DR.
CITY - ST - ZIP BONITA SPRING FL 339232.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition

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)(a), 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:

DAVID CONNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

813 542-0200

Daytime Phone #