


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736600

1. Corporation Name
IMAGES, A FESTIVAL OF THE ARTS, INC.

Principal Place of Business P O BOX 1585 NEW SMYRNA BEACH FL 32170-8585	Mailing Address P O BOX 1585 NEW SMYRNA BEACH FL 32170-8585
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/16/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1681328 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MUSSON, JUNE M JUNE 413 QUAY ASSISI NEW SMYRNA BEACH FL 32169				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSON, JUNE	1.2 NAME	
STREET ADDRESS	413 QUAY ASSISI	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, MARLENE	2.2 NAME	
STREET ADDRESS	817 13TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JOAN	3.2 NAME	
STREET ADDRESS	315 ESTHER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SANDY	4.2 NAME	
STREET ADDRESS	311 LIVE OAK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Miller Date: 4/12/99 Daytime Phone #: 904-428-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)