SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F73070** **(7)**

1. Corporation Name
I.M.G. ENTERPRISE, INC.

Principal Place of Business	Mailing Address
7836 CHERRY LAKE RD GROVELAND FL 34736 US	7836 CHERRY LAKE RD GROVELAND FL 34736 US

3. Date Incorporated or Qualified: **03/23/1982**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **58-1477943** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, GEORGE H 1206 MANATEE AVE WEST BRADENTON FL 33505	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 _____ 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	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SALLIN, MICHEL		12 NAME		
STREET ADDRESS	7836 CHERRY LAKE RD		13 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		14 CITY-ST-ZIP		
TITLE	D	☒ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	HARRISON, GEORGE H		22 NAME	Gurney, David	
STREET ADDRESS	1206 MANATEE AVE WEST		23 STREET ADDRESS	7836 Cherry Lake Road	
CITY-ST-ZIP	BRADENTON, FL 00000		24 CITY-ST-ZIP	Groveland, FL 34736	
TITLE	D	☐ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	SALLIN, VERONIQUE		32 NAME		
STREET ADDRESS	7836 CHERRY LAKE ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL 34736		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BARTON, ED		42 NAME		
STREET ADDRESS	7836 CHERRY LAKE ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL 34736		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FETZER, CARL		52 NAME		
STREET ADDRESS	7836 CHERRY LAKE ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL 34736		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	T	☒ Change ☐ Addition
NAME	TYSON, SHERMAN		62 NAME		
STREET ADDRESS	7836 CHERRY LAKE ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Tyson R. Sherman 6/11/96 352/429-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #