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



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

F73070

(7)

| I.M.G. ENTERPRISE, INC. Principal Place of Business 7836 CHERRY LAKE RD GROVELAND FL 34736 GROVELAND FL 34736 | | | | | | | |
|--|--|---|---|---|--|---------------------|---|
| US | | US | | | Date Incorporated or Qualified | | ote of Last Report |
| | | | | | 03/23/1982 | l l | 3/07/1995 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4, FEI Number | I | Applied For |
| 1 | | 26 | | | 58-1477943 | | Not Applicable |
| Suite, Apt | #, etc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | · [| \$8.75 Additional |
| 2 | | 27 | | | 5. Octavidad of Calaba Basis da | · | Fee Required |
| City & Stat | e | City & State | | | 6. Election Campaign Financin | a ال | \$5.00 May Be |
| 3 | Country | 28 Zip | Country | , | Trust Fund Contribution | | Added to Fees |
| Zip 4 | 25 | 29 | 30 | r | (8.) This corporation has liability Florida Statutes | for intarigible Yes | e tax under si 199 032. No |
| 11 | 9. Name and Address of Current | | 130 | | 10. Name and Address of New | , | |
| | The state of the s | | 81 | Name | | | |
| HARRISON, GEORGE H 1206 MANATEE AVE WEST | | | 82 Street A | | dress (P.O. Box Number is Not Acceptable) | | |
| | IADENTON FL 33505 | | 02 | Siree, Ad | Idiess (F.O DOX NOT HOLDER IS NOT ACCE | planej | |
| Di | PENTON PE 33303 | | 83 | | | | |
| | | | 84 | City | | | 85 Zip Code |
| | | | | | | FL | _ |
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intriner certify triat the information indicated on trits annual report or supplemental annual report is true and accurate and that his signature shall have the same legal effect as if made under eath, that I am an officer or originator 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 Blook is such anged, or on an attachment with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

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