FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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6.

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10.

DOCUMENT # F73070

Country

9. Name and Address of Current Registered Agent

25

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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7836 CHERRY LAKE RD

GROVELAND FL 34736-9007

I.M.G. ENTERPRISE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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7836 CHERRY LAKE RD

GROVELAND FL 34736

Secretary of State			
Date Incorporated or Qualified 03/23/1982	3a. Date o	of Last Report 1996	
FEI Number 58-1477943		Applied For Not Applicable	
Certificate of Status Desired		8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Truot Laura Continuation			
This corporation has liability for in		under s. 199.032, lo	
This corporation has liability for in	Yes 🔲 N	ło	
This corporation has liability for in Florida Statutes	Yes N	ło	
This corporation has liability for in Florida Statutes Name and Address of New Reg	Yes N	ło	
This corporation has liability for in Florida Statutes Name and Address of New Reg O. Box Number is Not Acceptable	Yes New Yes	s Zip Code	
This corporation has liability for in Florida Statutes Name and Address of New Reg	Yes Nelstered Age	int Zip Code	
This corporation has liability for in Florida Statutes Name and Address of New Reg O. Box Number is Not Acceptable on submits this statement for the purpoard of directors. I hereby accept	Yes Netered Age Interest Netered Age Interest Neterest Neterest	int IS Zip Code anging its registered ment as registered	
This corporation has liability for in Florida Statutes	Yes Netered Age Interest Netered Age Interest Neterest Neterest	int IS Zip Code anging its registered ment as registered	(96/6)

FILED

May 02 1997 8:00am

HARRISON, GEORGE H 81 Name 1206 MANATEE AVE WEST Street Address (F **BRADENTON FL 33505** 83 City 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or printed nacle of registered agent and litto if applicable (NOTE: Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE THE SALLIN, MICHEL NAME 1.2 NAME 7836 CHERRY LAKE RD STREET ADDRESS 1.3 STREET ADDRESS **GROVELAND FL** 34736 CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE Change **Addition** 21 TITLE TITLE **GURNEY, DAVID** NAME 2.2 NAME 7836 CHERRY LAKE RD 23 STREET ADDRESS STREET ADDRESS **GROVELAND FL** 34736 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE SALLIN, VERONIQUE 3.2 NAME NAME 7836 CHERRY LAKE ROAD 3.3 STREET ADDRESS STREET ADDRESS **GROVELAND FL 34736** CHY+ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition THILE 4.1 TITLE BARTON, ED NAME 4 2 NAME 7836 CHERRY LAKE ROAD STREET ADDRESS 4.3 STREET ADDRESS **GROVELAND FL 34736** 4.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ D€LETE 5.1 TIFLE TITLE Т TYSON, SHERMAN 5.2 NAME NAMÉ 7836 CHERRY LAKE ROAD 5.3 STREET ADDRESS STREET ADDRESS 34736 **GROVELAND FL** 5.4 CITY-ST-ZIP City-St-ZiP Addition THIF DELETE 6.1 TITLE Change 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY - S1 - ZIP

Country

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14. I do hereby certify that the information supplied with this filing does not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE: