

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000056159 (1)
 1. Corporation Name

IMAGE PLUS IDENTIFICATION SERVICES, INC.



Principal Place of Business: 10491 DEER RUN FARMS RD. FT. MYERS FL 33912
 Mailing Address: 10491 DEER RUN FARMS RD. FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/25/1997

4. FEI Number: 65-071308
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Michael F. Kayusa, Esq.
 82 Street Address (P.O. Box Number is Not Acceptable): 1922 Victoria Avenue
 83 Suite A
 84 City: Ft. Myers, FL 85 Zip Code: 33901

11. Pursuant to the provisions of section 607.052 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]* Michael F. Kayusa DATE: 9/29/98

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: VANNESS, JEFF	STREET ADDRESS: 10491 DEER RUN FARMS RD. FT. MYERS FL 33912	<input type="checkbox"/> DELETE
TITLE: PVST	NAME: VANNESS, JEFF	STREET ADDRESS: 10491 DEER RUN FARMS RD. FT. MYERS FL 33912	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 9-29-98

CR2E034 (5/98)