

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V23946** (9)

1. Corporation Name
IMAGE COUNCIL, INC.



Principal Place of Business: **525 NE 32ND FT FT LAUDERDALE FL 33334 US**
Mailing Address: **525 NE 32ND ST FT LAUDERDALE FL 33334 US**

3. Date Incorporated or Qualified: **03/24/1992**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **65-0330683**
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

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

9. Name and Address of Current Registered Agent
**BUCK, T. RANDOLPH
7501 NW 4 ST
SUITE 203
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBELL, ANDREA	1. 2 NAME	
STREET ADDRESS	525 ND 32ST	1. 3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1. 4 CITY-ST-ZIP	
TITLE	SD	2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRMSE, W. MARK	2. 2 NAME	
STREET ADDRESS	525 NE 32ND ST	2. 3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2. 4 CITY-ST-ZIP	
TITLE	VPD	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTOR, ROBERT	3. 2 NAME	
STREET ADDRESS	525 NE 32ND ST	3. 3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3. 4 CITY-ST-ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE		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		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	

**SD
MARSHA K. KIRMSE
525 NE 32ND ST
FT LAUDERDALE, FL**

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

SIGNATURE: *Andrea Lubell* **ANDREA LUBELL** 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)