

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 # L69193 (5)

1. Corporation Name

IMAGETECH, INC.



Principal Place of Business

C/O CHARLES G. LEE
6900 PHILLIPS HIGHWAY, SUITE 12
JACKSONVILLE FL 32216

Mailing Address

C/O CHARLES G. LEE
6900 PHILLIPS HIGHWAY, SUITE 12
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
04/27/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1950 UNIVERSITY BLVD N. JACKSONVILLE, FL 32211

4. FEI Number
59-3008880

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

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32211

Country

29 32211

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, CHARLES G.
6900 PHILLIPS HIGHWAY
SUITE 12
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1950 UNIVERSITY BLVD N.

83

84 JACKSONVILLE

FL

85 32211

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

Charles G. Lee CHARLES G. LEE PRESIDENT

4-24-96

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 D ☐ DELETE
NAME LEE, CHARLES G.
STREET ADDRESS 7901 BAYMEADOWS CIRCLE E. #361
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME LEE, KAREN K.
STREET ADDRESS 7901 BAYMEADOWS CIRCLE E #361
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME HELLER, JOHN A.
STREET ADDRESS 618 TIMBERLANE DR
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1940 UNIVERSITY BLVD N.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32211

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1940 UNIVERSITY BLVD N.
2.4 CITY-ST-ZIP JACKSONVILLE FL 32211

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Karen K. Lee KAREN K. LEE

4-24-96

904-745-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)