

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 608754 (8)

1. Corporation Name

TOTAL IMAGE INTERNATIONAL, INC.



Principal Place of Business

12717-59TH WAY
CLEARWATER FL 34620-3908

Mailing Address

12717-59TH WAY
CLEARWATER FL 34620-3908

2. Principal Place of Business

21 4720 110TH AVENUE NORTH

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER FL

Zip

24 34622

Country

25

2a. Mailing Address

26 4720 110TH AVENUE NORTH

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER FL

Zip

29 34622

Country

30

3. Date Incorporated or Qualified
01/24/1979

3a. Date of Last Report
04/26/1995

4. FEI Number

59-1872378

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

9. Name and Address of Current Registered Agent

PRODROMITIS, DEMOSTHENES
12717 59TH WAY NORTH
CLEARWATER, FL
34620

10. Name and Address of New Registered Agent

81 Name

PRODROMITIS, DEMOSTHENES

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

4720 110TH AVENUE NORTH

83

84 City

CLEARWATER

FL

85 Zip Code

34622

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

Signature, type or printed name of registered agent and date of acceptance

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PRODROMITIS, VASSILIA
STREET ADDRESS 12717-59TH WAY
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE P ☐ DELETE
NAME PRODROMITIS, DEMOSTHENES
STREET ADDRESS 12717-59TH WAY NORTH
CITY-ST-ZIP CLEARWATER 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4720 110TH AVENUE NORTH
1.4 CITY-ST-ZIP CLEARWATER FL 34622

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4720 110TH AVENUE NORTH
2.4 CITY-ST-ZIP CLEARWATER FL 34622

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: D PRODROMITIS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-571-2244

CR2E034 (12/95)