

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608754

1. Corporation Name

TOTAL IMAGE INTERNATIONAL, INC.

Principal Place of Business

4720 110TH AVE N
CLEARWATER FL 33762
US

Mailing Address

4720 110TH AVE N
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1979

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PRODROMITIS, DEMOSTHENES
4720 110TH AVE N
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

PRODROMITIS, DEMOSTHENES

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

511 N PINELLAS AVE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

DEMOSTHENES PRODROMITIS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
PRODROMITIS, VASSILIA
STREET ADDRESS
4720 110TH AVE N
CITY-ST-ZIP
CLEARWATER, FL 00000 33762

TITLE ☐ DELETE

NAME
P
PRODROMITIS, DEMOSTHENES
STREET ADDRESS
4720 110TH AVE N
CITY-ST-ZIP
CLEARWATER FL 33762

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.4 CITY-ST-ZIP

511 N Pinellas Ave

Tarpon Springs FL 34689

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

511 N Pinellas Ave

Tarpon Springs FL 34689

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

DEMOSTHENES PRODROMITIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-945-8877

Daytime Phone #

CR2E034 (1/1/98)