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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94759

(0)

IMAGES, PROSPECTIVES & CONCEPTS, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



| Principal Place of Business  |                                     |                        |               | Mailing Address  |                    |                 |               |             |  |  |  |
|--|-------------------------------------|------------------------|---------------|--|--------------------|-----------------|---------------|-------------|--|--|--|
| 4248 JACKSON ST.<br>P. O. BOX 291274<br>PORT ORANGE FL 32127<br>US |                                     |                        |               | PO BOX 291274 P. O. BOX 291274 PORT ORANGE FL 32129 US |                    |                 |               |             | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/16/1982  |  |  |
| 2. Principal P   | lace of Busi                        | ness                   | 20            | 2a. Mailing Address                                    |                    |                 |               | -           | 4, FEI Number Applied For  |  |  |
| 21   |                                     |                        |               | 26   |                    |                 |               |             | <b>59-2377823</b> Not Applicable   |  |  |
| Suite, Apt.  | #, etc                              |                        | 27            | Suite, Apt #, etc.                                     |                    |                 |               |             | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |  |  |
| City & State   |                                     |                        |               | City & State   |                    |                 |               |             | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| 23   |                                     |                        |               | 28   |                    |                 |               |             | Trust Fund Contribution Added to Fees  |  |  |
| Zip  |                                     | Country                |               | Zip Coi  |                    | ountry          | try           |             | 8. This corporation owes or has paid the current year Intangible   |  |  |
| 24 25  |                                     |                        | 29            | 9 30   |                    | _,              |               |             | Personal Properly Tax due June 30. K Yes No  |  |  |
| g, Name and Address of Current Registered Agent                    |                                     |                        |               |  |                    |                 | 1             |             | 10. Name and Address of New Registered Agent   |  |  |
|  | NDER, ST                            |                        |               |  |                    | 81              | Name          |             |  |  |  |
| 114 S PALMETTO AVENUE<br>DAYTONA BEACH FL 32114                    |                                     |                        |               |  |                    | 82              | Street        | Addres      | ss (P.O. Box Number is Not Acceptable)   |  |  |
| U^   | I I UNA DE                          | AUTI FL 32114          |               |  |                    | 83              | -             |             |  |  |  |
|  |                                     |                        |               |  |                    |                 |               |             |  |  |  |
|  |                                     |                        |               |  |                    | 84              | City          |             | FL 85 Zip Code   |  |  |
| SIGNATURE  | (II) Iarrilliar W                   | iai, and accept the or | ліданопу      | or, Section 607.0505,                                  | Fiorida Si         | atute           | S.            |             | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |  |  |
|  |                                     |                        |               |  |                    |                 | ent signature | e required  | d when reinstating) DATE   |  |  |
| 12.  | CP                                  | OFFICERS               | ANYU DIRE     | DELETE   | 13                 | TITLE           |               | <del></del> | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  |  |  |
| NAME   | GREEN,                              | ALLEN                  |               |  |                    | NAME            |               |             | Change C Applicat  |  |  |
|  | STREET ADDRESS 6093 SABAL BROOK WAY |                        |               |  | 1.3 STREET ADD     |                 | ADDRESS       |             |  |  |  |
| CITY-ST-ZIP  |                                     | RANGE FL               |               |  |                    | CITY-S          |               |             |  |  |  |
| TITLE  | ST                                  |                        |               | ☐ DELETE   |                    | TITLE           |               | α           | Change X Addition  |  |  |
| NAME   | GREEN,                              |                        |               |  | 2.2                | NAME            |               |             | - · · · · · · · · · · · · · · · · · · ·  |  |  |
| STREET ADDRESS   |                                     |                        |               |  | 2.3 STREET ADDRESS |                 | ADDRESS       |             | ,  |  |  |
| CITY-ST-ZIP  | PORT 0                              | RANGE FL               |               |  | 2. 4               | CITY-           | ST - ZIP      |             |  |  |  |
| TITLE  |                                     |                        |               | ☐ DELETE   | 3.1                | TITLE           |               |             | Change Addition  |  |  |
| NAME   |                                     |                        |               |  | 3.2                | NAME            |               |             |  |  |  |
| STREET ADDRESS   |                                     |                        |               |  | 3.3                | STREET          | ADDRESS       |             |  |  |  |
| CITY-ST-ZIP  |                                     |                        |               | 3.4. CI  |                    |                 | ST-ZIP        | <u></u>     |  |  |  |
| TITLE  |                                     |                        |               | ☐ DELETE   |                    | TITLE           |               | ĺ           | Change Addition  |  |  |
| NAME   |                                     |                        |               |  |                    | NAME            |               |             |  |  |  |
| STREET ADDRESS   |                                     |                        |               |  |                    |                 | ADDRESS       |             |  |  |  |
| CITY-ST-ZIP<br>TITLE   |                                     |                        |               | DELETE   |                    | CITY-S          | T-ZiP         |             | Character Character  |  |  |
| NAME   |                                     |                        |               | - once   |                    | TITLE           |               |             | Change Addition  |  |  |
| STREET ADDRESS   |                                     |                        |               |  |                    | NAME<br>CIDEET  | ADDRESS       |             |  |  |  |
| CITY-ST-ZIP  |                                     |                        |               |  |                    |                 | ADDRESS       |             |  |  |  |
| TITLE  |                                     |                        |               | DELETE   |                    | CITY-S<br>TITLE | 1-11F         | <u> </u>    | ☐ Change ☐ Addition  |  |  |
| NAME   |                                     |                        |               | <del></del>  |                    | NAME            |               |             | Znango Addition  |  |  |
| STREET ADDRESS   |                                     |                        |               |  |                    |                 | ADORESS       |             |  |  |  |
| CITY-ST-ZIP  |                                     |                        | )             |  |                    | CITY-S          |               |             |  |  |  |
|  | ortify that the                     | a intermedian a mating | L suite libic | filing door not quality                                |                    |                 |               | J 12 02     | notion 110 07/3/6) Florido Ctotutos I Cultura and Chattan in Company   |  |  |

Thereby verify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and excurate 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 charged, or on an attachment with an address.

SIGNATURE:

4-21-98 (904) 322-0247