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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000002026 DOCUMENT

IMAGINITIS INTERACTIVE, INC.

Principal Place of Business

435 DEVON PARK DR., #701 WAYNE PA 19087

Mailing Address

435 DEVON PARK DR., #701 WAYNE PA 19087-1944

FILED Apr 28 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 04/23/1996			
2. Principal Pl	lace of Business Evon Prk Dr	2a. Mailing Address	C	rk Dr.	4. FEI Number 23-2749045		Applied For	
			2N 1	ra or	20 21 4000	607	Not Applicable	
Suite, Apt 22 30		Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , ,	5 Additional Regulred	
City & State		City & State			6. Election Campaign Financing		00 May Be	
23 WC	7.10.	28 Vaune	49	•	Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Coun		8. This corporation has liability for		ər s. 199.032,	
24 190	87 25 US		10 V	(5		Yes 🛂 No		
-	9. Name and Address of Current	Registered Agent		Call Air	10. Name and Address of New Re	pistered Agent	······································	
C T CORPORATION SYSTEM				Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
	MINION FL 33324		١,	13		· ************************************		
[-		: 1	. [33	*			
				34 City		FL 85	Zip Code	
1 Parodent	to the provisions of Sections 607 050	2 and 607 1508 Florida Statuto	the ah	ove-named cor	poration submits this statement for the p	unose of changin	or Ms registered	
office or ri agent a	registered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flor	ithorized ida Statu	by the corpora tes.	ation's board of directors. I hereby accer	it the appointment	as registered	
SIGNATURE	Signature, typod or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signature requ	lired when reinstaling)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	FORS IN 12	
) I I L F	PDC	☐ DELETE	1.1 TITL	E		Chan	ige 🔲 Addition	
NAME	LEVIN, MARSHALL S		1.2 NAA	AE				
STREET ADDRESS	51 CABOT DR. WAYNE PA 19087		1.3 STR	EET ADDRESS				
CITY-ST-ZiF	S S			r-ST-ZIP				
THLE	STEINER, GALE L	DELETE	2.1 TITL			Chan	nge Addition	
NAME	822 WASHINGTON PLACE		2.2 NAN					
STREET ADORESS	WAYNE PA 19087			EET ADDRESS		-		
COY-ST-2IF	D	DELETE		Y-ST-ZIP		Chan	nge Addition	
TIFLE	REESE, THELMA DR	TT NETE IE	3.5 TITL	-		Chan	Ac THI VOOLINGE	
NAME DESCRIPTION OF THE PROPERTY OF THE PROPER	616 S. 10TH ST.		3.2 NAM	1				
STREET ADDRESS	PHILADELPHIA PA 19147			EET AODRESS				
CITY - ST - ZIP	D	DELETE	3.4. CIS	Y-ST-ZIP		☐ Chan	nge Addition	
NAME	BREITSTEIN, JOEL	Lad occur	4, 2 NA	1		VINDI	a - term 1 Maillo	
	106 OLD CROSSING DR.			EET ADDRESS				
STREET ADDRESS	BALTIMORE MD 21208		1	Y-ST-ZIP				
CITY - ST - 7IP TITLE		DELETE	5.1 TITL			Char	nge / Addition	
NAME			5.2 NA			11	11.16	
STREET ADDRESS				EET ADORESS			12/1/41	
STREET ADDRESS				Y-ST-ZIP		7/19/	vy 17	
TITLE		DELETE	6.1 TIT	· · · · · · · · · · · · · · · · · · ·		- I donar	nge Addition	
NAME	Ì		6.2 NA		40000216 -04/30/97010	0344	was constitution	
1 " 1			i	EET ADORESS	-04/30/97010	38017		
STREET ADDRESS				1	***165.00		•	
City-SI-Zi2	· · · · · · · · · · · · · · · · · · ·		64 CH	Y-SY-ZIP				

14. I do 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 on an attachment with an address.

SIGNATURE: