

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:14

DOCUMENT # G12298 (7)

1. Corporation Name

CREATIVE IMAGING, INC.

Principal Place of Business

133 LOST BRIDGE DR
PO BOX 13027
PALM BEACH GARDENS FL 33410
US

Mailing Address

133 LOST BRIDGE DR
PO BOX 13027
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/07/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2272003

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

2. Principal Place of Business

21 26 6720 PARSON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 28 New Hope Pa

24 25 29 18938 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPHSON, JANIS M
133 LOST BRIDGE RD.
PALM BEACH GARDENS FL 33410

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(SEE Registered Agent signature required when needed)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOSEPHSON, JANIS
STREET ADDRESS 840 US HWY 1, STE 250
CITY ST ZIP NO PALM BEACH FL

TITLE VSD
NAME JOSEPHSON, WALTER
STREET ADDRESS 840 US HWY 1, STE 250
CITY ST ZIP NO PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP ☐ Change ☐ Addition

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 110.07(3)(b), 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:

Janis M Josephson JANIS M Josephson 4-8-95 215-297-5216
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR