FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G19720 (3)1. Corporation Name **IMAGE PROPERTIES, INC.** Principal Place of Business Mailing Address % DAVID K. SIGERSON % DAVID K. SIGERSON 142 EAST GRANADA BLVD. 142 EAST GRANADA BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1983 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2940948 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 \Box Trust Fund Contribution Added to Fees Zip Country Z_{10} Country 8. This corporation has liability for intangible tax under \$ 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIGERSON, DAVID K. 82 Street Address (P.O. Box Number is Not Acceptable) 142 EAST GRANADA BLVD. ORMOND BEACH FL 32074 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if annicating (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD DELETE 1. 1 TITLE Change Addition NAME HELMER, DARCY 1.2 NAME STREET ADDRESS 142 EAST GRANADA BLVD 13 STREET ADDRESS ORMOND BCH, FL 00000 CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE SD ["] DELFTE 2 17171.8 Change Addition NAME SIGERSON, DAVID K. 2.2 NAME 142 EAST GRANADA BLVD. STREET ADDRESS 2.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP 2.4 CITY - \$1 - ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP TITLE DELLTE 4 1 THUE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIF TITLE TT DELFTE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE TT DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP City-St-ZiP 14. I do hereby certify that the information sup field with this fiverify that the information indicated on this annual report that I am an officer or direction of the corporation of the cor 6.4 CITY - ST-ZIP lied with this filing is oly itarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further permental annual roport is true and accurate and that my signature shall have the same legal effect as if made under diver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNING OFFICER OR DIRECTOR

tary

SIGNATURE:

Assistant

May 10, 1996 (904) 672-7008