SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

(3)

Mailing Address

IMAGE PROPERTIES, INC.

Principal Place of Business

FILED Aug 05 1998 8:00am Secretary of State

12 100 8 5 10 10 m

% DAVID K. SIGERSON 142 EAST GRANADA BLVD. ORMOND BEACH FL 32176		% DAVID K. SIGERSON 142 EAST GRANADA BLVD.		DO NOT WRITE IN THIS SPACE	
CHMUND BEA	ON FE 32170	ORMOND BEACH FL 3217	0	3. Date incorporated or Qualified 01/21/1983	IS STACE
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
192 Vining Court		26 192 Vining Court		59-2940948	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Or	mond Beach, FL	Ormond	Beach, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	urrent year Intangible
24 3217	6 25 USA	29 32176	30 USA	Personal Property Tax due June 30,	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	erson, david K.		81 Name		
142 EAST GRANADA BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32074			192 Vining Court		
		Λ	83	-	
		. 1/	84 CitOrm	ond Beach, FL F	L 85 Zip Code 32176
11. Pursuant to the provisions of sections 607 0502 and 6					
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
Signature, typed or grylled name at coolsered agent and die if suitable (NOTE: Registered Agent signature required when reinstating) DETE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PSD DADOV	DELETE	1.1 TITLE		Change Addition
NAME	HELMER, DARCY		1.2 NAME		
STREET ADDRESS	142 EAST GRANADA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD" Si ge rson, David K.	DELETE	2.1 TITLE		Change Addition
NAME	142 EAST GRANADA BLVD.		2.2 NAME		
STREET ADDRESS	ORMOND BEACH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ONMOND BEACH FL		2.4 CITY-ST-ZIP 3.1 TITLE		—
NAME	•	L_] DELETE			L_ Change L Addition
			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		The err	3.4 CITY-ST-ZIP		<u> </u>
NAME		L DELETE	4.2 NAME		L Change Addition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		1
TITLE		Dougra	4.4 CITY-ST-ZIP 5.1 TITLE		
NAME		L_ DELETE	5.2 NAME		L Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Declere	5.4 CITY-ST-ZIP 6.1 TITLE		
NAME		☐ DELETE	6.2 NAME		L_ Change Addition
STREET ADDRESS			1		
	\sim	\sim	6.3 STREET ADDRESS		
14. I hereby ce	ertify that the information supplied with the	nis filing does not gualify for th	6.4 CITY-ST-ZIP	ction 119 07(3)(i) Florida Statutes I further certific	that the information
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 frue 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 frustee purpowered 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 any attachment with an address.					