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

APPROVED AND FILED
95 MAY -1 PM 9:01
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H03067 (6)

1. Corporation Name
IMAGE UNIQUE, INC.

Principal Place of Business
% CRAIG C. LOVING
8001 SWEETGUM LOOP
ORLANDO FL 32835

Mailing Address
% CRAIG C. LOVING
8001 SWEETGUM LOOP
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2419513 — 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	2a. Mailing Address
Street	21 9518 BLACK BEAR LANE	26 9518 BLACK BEAR LANE
Suite, Apt #, etc	22	27
City & State	23 WINTER GARDEN FL.	28 WINTER GARDEN, FL.
Zip / Country	24 34787 / 25 LAKE	29 34787 / 30 LAKE

9. Name and Address of Current Registered Agent

LOVING, CRAIG C.
8001 SWEETGUM LOOP
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: LOVING, CRAIG C,
82 Street Address (P.O. Box Number is Not Acceptable)
83 9518 BLACK BEAR LANE
84 City: WINTER GARDEN FL 85 Zip Code: 34787

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: CRAIG C. LOVING DP [signature] — Date: 4-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LOVING, CRAIG C.	1.2 NAME	
STREET ADDRESS	8001 SWEET GUM LOOP	1.3 STREET ADDRESS	9518 BLACK BEAR LANE
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	WINTER GARDEN FL 34787
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	LOVING, KERRI I.	2.2 NAME	
STREET ADDRESS	8001 SWEET GUM LOOP	2.3 STREET ADDRESS	SAME AS ABOVE
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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: CRAIG C. LOVING DP [signature] — 4-28-95 — 407-654-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062004 CP