SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 9:48

DOCUMENT # H81131 (5)

1. Corporation Name

INNOVATIVE IMAGES, INC.

Principal Place of Business	Mailing Address
~~1895 W STATE ROAD 434~~ ~~LONGWOOD FL 32750~~	~~1895 W STATE ROAD 434~~ ~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3593	26 P.O. Box 3593
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 LONGWOOD, FL.	City & State 28 LONGWOOD, FL.
ZIP 24 32779 Country 25 USA	ZIP 29 32779 Country 30 USA

4. FEI Number: 59-2604722 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGLOCKTON, LUTRELLE ~~1895 W STATE ROAD 434~~ Zo ~~LONGWOOD 32750~~	61 Name: MCGLOCKTON, WILLIAM 62 Street Address (P.O. Box Number is Not Acceptable): 201 Stonebridge Dr 63 64 City: LONGWOOD FL 65 Zip Code: 32779

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: William McGlockton (Typed or printed name of person signing) (NOTE: Registered Agent signature required when reinstating) DATE: 7/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, LUTRELLE	12 NAME	
STREET ADDRESS	201 STONEBRIDGE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, WILLIAM	22 NAME	
STREET ADDRESS	201 STONEBRIDGE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, TARSHIA	32 NAME	
STREET ADDRESS	201 STONEBRIDGE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	
TITLE	M	41 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, TAMARA L.	42 NAME	
STREET ADDRESS	201 STONEBRIDGE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: William McGlockton 7/17/95 867-6225
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0006857 CP