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 JUN 29 AM 8:43

DOCUMENT # **J06599** **(1)**

1. Corporation Name
L'IMAGE, INC.

Principal Place of Business	Mailing Address
% MICHAEL PAUL SHIENVOLD 915 MIDDLE RIVER DRIVE, SUITE 318 FT. LAUDERDALE FL 33304	% MICHAEL PAUL SHIENVOLD 915 MIDDLE RIVER DRIVE, SUITE 318 FT. LAUDERDALE FL 33304 C/O OCELLO

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/31/1986**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26): 118 S.W. 100 TERR
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): CORAL SPGS.
City & State (23)
City & State (28): FL 33071
Zip (24) Country (25)
Zip (29) Country (30): U.S.A.

4. FEI Number: **65-0000979** ☐ 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

SHIENVOLD, MICHAEL PAUL
915 MIDDLE RIVER DRIVE, SUITE 318
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STROEHLE, JOHN	12 NAME	
STREET ADDRESS	701 LAWRENCE AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PIZZO, RITA	22 NAME	
STREET ADDRESS	2400 NE 10TH STREET #305	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	OCELLO, PETER	32 NAME	
STREET ADDRESS	118 SW 100TH TERR	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	OCELLO, BARBARA	42 NAME	
STREET ADDRESS	118 SW 100TH TERR	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STROEHLE, BARBARA	52 NAME	
STREET ADDRESS	1065 PARK AVE., #16C	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: Barbara K. Ocello 6-27-95 305 722-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA K. OCELLO

0060416 CP