

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

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

C/O OCELLO  
118 SW 100TH TERR  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/31/1986

3a. Date of Last Report  
06/29/1995

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

10. Name and Address of New Registered Agent

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

81 Name SHIENVOLD, MICHAEL PAUL  
82  
83 FROMBERG, FROMBERG, LEWIS & BRECKER, P.A.  
84 AVENTURA CORPORATE CENTER, SUITE 505  
20801 BISCAYNE BOULEVARD  
AVENTURA, FLORIDA 33180-1422

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer and director, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | STROEHLE, JOHN           |                                 |
| STREET ADDRESS | 701 LAWRENCE AVENUE      |                                 |
| CITY-STATE-ZIP | WESTFIELD NJ             |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | PIZZO, RITA              |                                 |
| STREET ADDRESS | 2400 NE 10TH STREET #305 |                                 |
| CITY-STATE-ZIP | POMPANO BCH FL           |                                 |
| TITLE          | SD                       | <input type="checkbox"/> DELETE |
| NAME           | OCELLO, PETER            |                                 |
| STREET ADDRESS | 118 SW 100TH TERR        |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS FL         |                                 |
| TITLE          | TD                       | <input type="checkbox"/> DELETE |
| NAME           | OCELLO, BARBARA          |                                 |
| STREET ADDRESS | 118 SW 100TH TERR        |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS FL         |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | STROEHLE, BARBARA        |                                 |
| STREET ADDRESS | 1065 PARK AVE., #16C     |                                 |
| CITY-STATE-ZIP | NEW YORK NY              |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-STATE-ZIP |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-STATE-ZIP |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-STATE-ZIP |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-STATE-ZIP |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-STATE-ZIP |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

Date

Daytime Phone #

CR2E034 (12/95)