

1-11-97 B 1656 C.  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 11 1997 8:00am  
Secretary of State

DOCUMENT # J06599

(1)

1. Corporation Name  
L'IMAGE, INC.



Principal Place of Business

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

Mailing Address

C/O OCELLO  
118 SW 100TH TERR  
CORAL SPRINGS FL 33071-7354  
US

3. Date Incorporated or Qualified  
03/31/1986

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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  
20802 BISCAYNE BLVD.  
SUITE 505  
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STROEHLE, JOHN  
STREET ADDRESS 701 LAWRENCE AVENUE  
CITY-ST-ZIP WESTFIELD NJ

TITLE VD ☐ DELETE

NAME PIZZO, RITA  
STREET ADDRESS 2400 NE 10TH STREET #305  
CITY-ST-ZIP POMPANO BCH FL

TITLE SD ☐ DELETE

NAME OCELLO, PETER  
STREET ADDRESS 118 SW 100TH TERR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☐ DELETE

NAME OCELLO, BARBARA  
STREET ADDRESS 118 SW 100TH TERR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME STROEHLE, BARBARA  
STREET ADDRESS 1085 PARK AVE., #16C  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 #

0156632

CR2E034 (9/96)