

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:36

DOCUMENT # **J70109 (0)**

1. Corporation Name
IMAGES BY JOANN, INC.

Principal Place of Business 2611 TRACY LN PANAMA CITY FL 32405 US	Mailing Address 2611 TRACY LN PANAMA CITY FL 32405 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/22/1987	3a. Date of Last Report 04/26/1994
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4. FEI Number 59-2793415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 105 Hearthside Lane	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Williamsburg, VA	City & State 28
Zip 24 23185	Country 25 USA
29	30

9. Name and Address of Current Registered Agent
**CYR, JOAN L.
2611 TRACY LN
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent
81 Name
Laurette Gauvin
82 Street Address (P.O. Box Number is Not Acceptable)
1100 S. 20th Ave.
83
84 City
Hollywood FL 85 Zip Code
33020

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 Laurette Gauvin **LAURETTE GAUVIN** 2/16/95
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
NAME	CYR, JOAN L.
STREET ADDRESS	2510 COLLEGE HILL DR.
CITY - ST - ZIP	BRANDON FL
TITLE	SD
NAME	CYR, DONALD R.
STREET ADDRESS	2510 COLLEGE HILL DR.
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	105 Hearthside Lane
14 CITY - ST - ZIP	Williamsburg, VA 23185
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	105 Hearthside Lane
24 CITY - ST - ZIP	Williamsburg, VA 23185
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Joan L. Cyr **2/16/95 (804) 221-0514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)