

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # J70109 (0)**  
1. Corporation Name  
**IMAGES BY JOANN, INC.**



Principal Place of Business: **105 HEARTHSIDE LANE WILLIAMSBURG VA 23185 US**  
Mailing Address: **2811 TRACY LN PANAMA CITY FL 32405 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/22/1987</b>	3a. Date of Last Report <b>04/11/1995</b>
21	Suite, Apt. #, etc.	26	<b>105 Heartside Ln</b>	4. FEI Number <b>59-2793415</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	<b>Williamsburg VA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>23185</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>James</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>GAUVIN, LAURETTE 1100 S. 20TH AVE. HOLLYWOOD FL 33020</b>		81. Name	<b>Patricia Simms</b>		
		82. Street Address (P.O. Box Number is Not Acceptable)	<b>2952 Forest Circle</b>		
		83.			
		84. City	<b>Seffner</b>	FL	85. Zip Code <b>33584</b>

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: Patricia F. Simms DATE: 5-10-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYR, JOAN L.</b>	1.2 NAME	
STREET ADDRESS	<b>105 HEARTHSIDE LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILLIAMSBURG VA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYR, DONALD R.</b>	2.2 NAME	
STREET ADDRESS	<b>105 HEARTHSIDE LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILLIAMSBURG VA</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 DATE: 4/14/96  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)