

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90036 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J70109**

1. Corporation Name
IMAGES BY JOANN, INC.



Principal Place of Business
 105 HEARTHSTONE LANE
 WILLIAMSBURG VA 23185
 US

Mailing Address
 105 HEARTHSTONE LANE
 WILLIAMSBURG VA 23185
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/22/1987

4. FEI Number
59-2793415

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **9404 Ayleshire Place**
 Suite, A: **Riverview, FL 33569**

22 City & S

23 Zip Country

24

2a. Mailing Address
 26 **9404 Ayleshire Place**
 Riverview, FL 33569

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent
SIMMS, PATRICIA
10411 SEDGEBROOK DR
RIVERVIEW FL 33569

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 Patricia F. Simms DATE 4-3-99
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 IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, JOAN L.	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	105 HEARTHSTONE LANE	1.3 STREET ADDRESS	Address
CITY-ST-ZIP	WILLIAMSBURG VA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, DONALD R.	2.2 NAME	Address
STREET ADDRESS	105 HEARTHSTONE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSBURG VA	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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ (President 3-16-99) DATE 8-13-99 DAYTIME PHONE # 813-672-2807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/99

CR2E034 (11/98)