

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J93376 (8)

1. Corporation Name

THE IMAGE BANK SOUTH, INC.



Principal Place of Business

Mailing Address

4651 SHERIDAN ST
SUITE 270
HOLLYWOOD FL 33021
US

4651 SHERIDAN ST
SUITE 270
HOLLYWOOD FL 33021
US

3. Date Incorporated or Qualified

09/22/1987

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

22-2852075

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

10. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B.
2590 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 33942

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	P	<input type="checkbox"/> DELETE
NAME	JOBE, REX V.	
STREET ADDRESS	5221 N. O'CONNOR STE. 700	
CITY-ST-ZIP	IRVING TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, LESLIE	
STREET ADDRESS	5221 N. O'CONNOR STE. 700	
CITY-ST-ZIP	IRVING TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HORNER, LARRY	
STREET ADDRESS	5221 N. O'CONNOR STE. 700	
CITY-ST-ZIP	IRVING TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jobe, Rex V.	
1.3 STREET ADDRESS	2777 Stemmons Frwy., Suite 600	
1.4 CITY-ST-ZIP	Dallas, TX 75207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Secretary	
2.2 NAME	Warren, Elizabeth M.	
2.3 STREET ADDRESS	2777 Stemmons Frwy., Suite 600	
2.4 CITY-ST-ZIP	Dallas, TX 75207	
3.1 TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Horner, Larry P.	
3.3 STREET ADDRESS	2777 Stemmons Frwy., Suite 600	
3.4 CITY-ST-ZIP	Dallas, TX 75207	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 as an attachment with an address.

SIGNATURE:

Larry P. Horner Larry P. Horner 4-25-96 (214) 963-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)