

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K05797**

(1)

1. Corporation Name

IMAGES OF LIGHT, INC.



Principal Place of Business

**1408 CIRCLE DR.
TARPON SPRINGS FL 34689**

Mailing Address

**1408 CIRCLE DR.
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified
12/02/1987

3a. Date of Last Report
06/26/1995

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2862932

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LUND, JOHN E.
707 FRANKLIN ST.
EIGHTH FLOOR
TAMPA FL 33602**

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 registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PD

DELETE

NAME

KIMBROUGH, RALPH D.

STREET ADDRESS

1408 CIRCLE DR.

CITY-ST-ZIP

TARPON SPRINGS FL

2. TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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:

 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-05-96

813-796-0165

Date

Daytime Phone #

CR2E034 (12/95)