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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90159 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K11043

1. Corporation Name
IMAGE NATION, INC.



Principal Place of Business
 2424 SUGARLOAF LANE
 FT LAUDERDALE FL 33312
 US

Mailing Address
 2424 SUGARLOAF LANE
 FT LAUDERDALE FL 33312
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1988

2. Principal Place of Business

21 **10400 GRIFFIN ROAD**

2a. Mailing Address

26 **10400 GRIFFIN ROAD**

4. FEI Number

65-0044446

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **209**

Suite, Apt. #, etc.

27 **209**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **COOPER CITY - FLORIDA**

City & State

28 **COOPER CITY - FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 **33328**

Country

25 **USA**

Zip

29 **33328**

Country

30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SANCHEZ, PASCAL
 2424 SUGARLOAF LANE
 FT LAUDERDALE FL 33312

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

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** DELETE

NAME **SANCHEZ, PASCAL**
 STREET ADDRESS **2424 SUGARLOAF LANE**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPS** DELETE

NAME **ZEMOULI, CATHERINE**
 STREET ADDRESS **2424 SUGARLOAF LANE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 - (954) 680-2933

Date

Daytime Phone #

CR2E034 (11/98)