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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00488

(1)

IMAGE IMPROVEMENTS INCORPORATED

Mailing Address

FILED Feb 25 1998 8:00am Secretary of State



2020 N. UNIVERSITY DRIVE SUMPISE FL 33322		2820 N. UNIVERSITY DRIVE SUNRISE FL 33322		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/03/1989	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /15.	·-····································	26 1133 N. FE	DERAL HW	Y 65-0136505	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33 c	<u> </u>		Country USA	This corporation owes or has paid the current Personal Property Tax due June 30.	Yes No No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WDAY DICK 81 Name					Agent
TINAL, NICK					
2920 N. UNIVERSITY DRIVE				ddress (P.O. Box Number is Not Acceptable)	
-	53 N. FEDERAL	4.17	63		
•	-		1 1		
F	T. LAUDERDALE.	FL 33304	B4 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lem familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed harne of registered agent an		Registered Agent signature i		
12.	OFFICERS AND D	IRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Change Addition
TITLE	WRAY, RICK		11 TITLE		Criange (Adumori
NAME OVERT ADDRESS	2820 N. UNIVERSITY DRIVE		1.2 NAME	1153 N. FEDERAL	עניוע
STREET ADDRESS CITY-ST-ZIP	SUNRISE FL		1.3 STREET ADDRESS 1.4 City-St-Zip	1153 N. FEDERAL FT. LAUDERDALE FL	33304
TITLE		DELFTE	21 TITLE '	1 1 -11120201700 1-	☐ Change ☐ Addition
NAME		4	2.2 NAME		_ , _
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.3 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY - ST - 2iP		Change Addition
TITLE NAME			5 1 TITLE 5.2 NAME		CHANGO PARAMON
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		į
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. Thereby 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 conviction 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:

RICK WRAY