FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:39

DOCUMENT # **L43371** (8)

1. Corporation Name
IMAGE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2830 SCHERE DR. SUITE #320 ST. PETERSBURG FL 33716	2830 SCHERE DR. SUITE #320 ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1990
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 12425 28th St. N. Ste 101	26 12425 28th St. N. Ste 101
Suite, Apt. #, etc 22 ST. 101	Suite, Apt. #, etc 27 STE 101
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / County 24 33716 / 25 Pinnelas	Zip / County 29 33716 / 30 Pinnelas

4. FEI Number: 59-2994166 ☐ 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

DUPPER, DEBRA
2830 SCHERER DR. STE. #320
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name: Bruce Bennett
82 Street Address (P.O. Box Number is Not Acceptable): 12425 28th St. N. Ste 101
83
84 City: St. Petersburg FL 85 Zip Code: 33716

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: X _____ DATE
(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	P	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, BRUCE	12 NAME	
STREET ADDRESS	1113 CHESHIRE CT.	13 STREET ADDRESS	
CITY ST ZIP	SAFETY HARBOR FL	14 CITY ST ZIP	
TITLE	~~ST~~	21 TITLE	ST ☒ Change ☐ Addition
NAME	~~DUPPER, THOMAS~~	22 NAME	Donald Gillespie
STREET ADDRESS	~~8279 86TH AVE. N.~~	23 STREET ADDRESS	202 Arbor Glen Dr.
CITY ST ZIP	~~SEMINOLE FL 34647~~	24 CITY ST ZIP	Palm Harbor, FL 34683
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: X _____ 5/1/95 813-573-5268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0311089 CP