

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 # **L43371** (8)

1. Corporation Name

IMAGE TECHNOLOGIES, INC.



Principal Place of Business

**12425 28TH ST. N. STE 101
SUITE 101
ST. PETERSBURG FL 33716
US**

Mailing Address

**12425 28TH ST. N. STE 101
SUITE 101
ST. PETERSBURG FL 33716
US**

3. Date Incorporated or Qualified
01/19/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **101 PARK AVENUE**

27 Suite, Apt. #, etc.
19th FLR

28 City & State
NEW YORK, NY

29 Zip
10178

30 Country
US

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

**BENNETT, BRUCE
12425 28TH ST. N. STE. 101
ST. PETERSBURG FL 34683**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **BENNETT, BRUCE**
STREET ADDRESS **1113 CHESHIRE CT.**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **ST** ☒ DELETE
NAME **DUPPER, THOMAS**
STREET ADDRESS **8279 88TH AVE. N.**
CITY-ST-ZIP **SEMINOLE FL 34847**

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 **C/D** ☐ Change ☒ Add on
1.2 NAME **ROBERT G. BURTON**
1.3 STREET ADDRESS **101 PARK AVE**
1.4 CITY-ST-ZIP **NEW YORK, NY 10178**

2.1 TITLE **P/D** ☐ Change ☒ Add on
2.2 NAME **MARC L. REISCH**
2.3 STREET ADDRESS **101 PARK AVE**
2.4 CITY-ST-ZIP **NEW YORK, NY 10178**

3.1 TITLE **V/D/S** ☐ Change ☒ Addition
3.2 NAME **JENNIFER L. ADAMS**
3.3 STREET ADDRESS **101 PARK AVE**
3.4 CITY-ST-ZIP **NEW YORK, NY 10178**

4.1 TITLE **V** ☐ Change ☒ Addition
4.2 NAME **RAYMOND B. ZERRUSEN**
4.3 STREET ADDRESS **101 PARK AVE**
4.4 CITY-ST-ZIP **NEW YORK, NY 10178**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC L. REISCH

DATE

5/9/96

Daytime Phone #

212-986-2440

CR2E034 (12/95)