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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65352

(1)

**IMAGERY MARKETING, INC.** 

## FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 31 BARKLEY CIRCLE 31 BARKLEY CIRCLE FORT MYERS FL 33907 FORT MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0200182 Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CIMRING, DIANN BILTMORE DC 5852-1-OEDARDEND Street Address (P.O. Box Number is Not Acceptable) FT. MYELS FU 33901 FORT-MYERS FL 99919 83 84 City 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 troth, 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 (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE CIMRING, DIANN 1.2 NAME NAME CRZE034 1300 BILTMORE DR 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33901 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELFTE Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 corporation or the receiver or trustee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to ordinal tachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Kimoung

3.10.98

941-939-3212