FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L65800

(9)

DOCUMENT #
1. Corporation Name

IMAGE CONCEPTS, INC.

١	Î					I		I		l	I		I	ļ	١	Ì		l	ı	ı		l	Ì	ĺ		1		ĺ		1	Ì		I		١	l		I		l		1			Ì		ĺ
l	ı	I	ł	I	l	ı	ı	1	1	l	ı	ľ	۱	i	ı		I	l	ı	ŀ	ı	l	ı	ı	I	1	I	ı	ı	1	ı	ı		I	ı	l	ŀ	ı	I	ı	I	i	l	I	١	ı	l

Principal Place		Mailing Address								
% DUDLEY P.O. BOX 1 ST PETERS		% DUDLEY NOLL P.O. BOX 13874 ST, PETERSBURG F	1 33733							
Q1. FETER	55070 TE 00700	on reremound t	C 50100			3. Date Incorporated or Qualified 04/17/1990	3a. Date	of Last F 04/27/1	Report 1995	
2. Principal Pla	ice of Business	2a. Mailing Address 26 P.O. Box	405	36	3	4. FEI Number 59-3013145		Applied For Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.	5 Additional Required	
City & State		City & State 28 ST · PETERS C			۲.	Election Campaign Financing Trust Fund Contribution		Adde	May Be ed to Fees	
Zip 24	Country 25	29 33743	30 Cou	ntry ——			□ No		199.032,	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New F	registerea	Agent		
NOLL.	DUDLEY									
	IST AVENUE S			82	Street Addi	t Address (P.O. Box Number is Not Acceptable)				
	TERSBURG FL 33707			84	City			85 Z	ip Code	
		444 () 17 19					<u>FL</u>			
or registere	o the provisions of Sections 607.000. ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authori.	zed by the c	orpo	oration's boa	ration submits this statement for the purific of directors. Thereby accept the app	ointment as	registere	d agent. I am	
SIGNATURE _	Styrative itgresion protectiones of registered a pro	tand the if again sole IN	OIL Registered	Agent	t Signature require	nji whati remalahtaji	DA' E			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	PTD	☐ DELETE	1.1	ΓLF	i		I	Change	☐ Addition	
NAME	NOLL, DUDLEY P O BOX 13874 N/A		1.2 N/	ME						
STREET ADDRESS	ST. PETERSBURG FL		•		ADDRESS					
CITY - ST - ZIP	VSD	□ DELETE	2 11	1Y - \$1	1-719			Change	Addition	
TITLE	NOLL, PATRICIA	L. Dettere	2 1 I				,	Onlings		
NAME STREET ADDRESS	P O BOX 13874 N/A				ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		240							
TITLE		DELETE	3 1 1					Change	☐ Addition	
NAME			3 2 N	V√I E						
STREET ADDRESS			33 S	IR;HI	ADDRESS					
City-St-ZiP					1 · ZIP	** *		7 0	[] Addition	
TITLE		☐ DELETE	4 1 3					Change	☐ Addition	
NAME			42 N		MODOLOG					
STREET ADDRESS					ADDRESS T-ZiP					
CHTY-ST-ZIP TITLE		DELETE	5 1 T		- Z IF			Change	Addition	
NAMÉ			52 N					_		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIF					T-ZIP					
TITLE		DELETE	6 1 7					Change	Addition	
NAME			62 N	AME						
STREET ADDRESS			635	THEET	ADDRESS					
CITY-ST-ZIF					T-20P					
14 Ldo hereb	y certify that the information supplied	with this filing is voluntarily fur	mished and	doe:	s not qualify	for the exemption stated in Section 119	1.07(3)(k), Fl	orida Stat	utes. I further	

not makely certify that the information indicated on this annual report or supplied and coes not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes. Further certify that the information indicated on this annual report is supplied entail annual report is true and accurate and that my signature shall have the same logal 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 plock 13 h changed, or on trustitachment with an address.

SIGNATURE:

LOCE SIGNING OFFICER OF DIRECTOR

4.12.96 813.343.1704