## 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

SUIC. App. etc.    Suice. App. etc.   Suice.	DOCUN 1. Corporation	MENT # L84941	(8)							
The Country	IMAGIC	GRAPHICS, INC.								
Process   Maring Address   Maring Addr										
SUITE 12 TICOUESTA PL 33469 US  25 Principal Place of Business 26 Mining Advises 27 Suite. April 4, etc. 28 Suite. April 4, etc. 29 Suite. April 4, etc. 30 Suite. April 4, etc. 30 Suite. April 4, etc. 30 Suite. April 4, etc. 31 Suite. April 4, etc. 32 Suite. April 4, etc. 33 Suite. April 4, etc. 34 Suite. April 4, etc. 35 Suite. April 4, etc. 36 Suite. April 4, etc. 37 Suite. April 4, etc. 38 Suite. April 4, etc. 39 Suite. April 4, etc. 30 Suite. April 4, etc. 31 Suite. April 4, etc. 32 Suite. April 4, etc. 31 Suite. April 4, etc. 32 Suite. April 4, etc. 31 Suite. April 4, etc. 32 Suite. April 4, etc. 33 Suite. April 4, etc. 34 Suite. April 4, et	Principal Place	of Business	Mailing Address				PFB   WINE   11844		##### ################################	
TOUESTA FL 33469   S   S   S   S   S   S   S   S   S										
S										····
2.   Mailing Address   2.   Mailing Address   3.		• • • • • • • • • • • • • • • • • • • •								
Solita, Apt. 8, etc.	2. Principal Pla	and of Rueinnes	2a Mailing Addrage				00/			{
Suite, Apr. #, etc.   25   2014, Apr. #, etc.   25   2014, Apr. #, etc.   27   2014, Apr. #, e	21	ace of Duamess	r.m.n			1				-
City & State   City							\$8.75 Additional			
2 Page   See   See	22							Fee F	łequired	_
Section   Sect	City & State					, , ,				
BENDER, DAMD K. 51 WILLOW RD. TEQUESTA FL 33489  82 Street Address (P.O. Box Number is Not Acceptable)  83   Same and Address of New Registered Agent   84   City   FL   85   Zep Code   85   City   FL   85   Zep Code   86   City   FL   85   Zep Code   87   City   FL   85   Zep Code   88   City   FL   85   Zep Code   89   City   FL   85   Zep Code   80   City   FL   85   Zep Code   80   City   FL   85   Zep Code   81   City   FL   85   Zep Code   82   City   FL   85   Zep Code   83   City   FL   85   Zep Code   84   City   FL   85   Zep Code   85   City   FL   85   Zep Code   86   City   FL   85   Zep Code   86   City   FL   85   Zep Code   87   City   FL   85   Zep Code   88   City   FL   85   Zep Code   89   City   FL   85   Zep Code   89   City   FL   85   Zep Code   80   City   F	Zip	Country	Zφ	Count	ry			under s	199.032,	
BENDER, DAVID K. 51 WILLOW RD.   83	24			30						
BENDER, DAVID K. 51 WILLOW RD. TEQUESTA FL 33469  84 City FL 55 Zap Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Foords Statutes, this above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Livide. Such change was submired by the corporation's board of directors. Thereby accept the appointment as registered agent, in this purpose or changing its registered agent. I am familiar with, and accept the displayors of April 100 and the purpose of changing its registered agent. I am familiar with, and accept the displayors of April 100 and the appointment as registered agent. I am familiar with, and accept the displayors of April 100 and accept the appointment as registered agent. I am familiar with, and accept the displayors of April 100 and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a supplication of Control 100 and accept the appointment as registered agent. I am familiar with a supplication of Control 100 and accept the appointment as registered agent. I am familiar with a supplication of Control 100 and accept the appointment as registered agent. I am familiar with a supplication of Control 100 and accept the appointment as registered agent. I am familiar with a supplication of Control 100 and accept the appointment as registered agent. I am familiar with a provision of control 100 and accept the appointment as registered agent. I am familiar with the familiar as registered agent. I am familiar with the control 100 and accept the appointment as a registered agent. I am familiar with a control 100 and accept the appointment as a registered agent. I am familiar with the familiar as registered agent. I am familiar with the familiar as registered agent. I am familiar with the familiar as a registered agent. I am familiar with the familiar as a registered agent. I am familiar w		9. Name and Address of Current	i Hegistered Agent	8	1 Name	IU. Name and Address of New H	egisterea A	jent		$\dashv$
## City ## Cit	DENIDED	DAMD K								
### City ### FL   Bs   Zrp Code    11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ronds Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accopt the obligations of, Schod change was authorized by the corporation's board of orectors. I hereby accept the appointment as registered agent, and maintained agent and another agents are authorized by the corporation's board of orectors. I hereby accept the appointment as registered agent, a am familiar with, and accept the obligations of, Schod Statutes, ScioNATURE    12.						3dress (P.O. Box Number is Not Acceptable)				
The provisions of Socions 607.0502 and 607.1508, Florids 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 Londa, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the displactors of, Scion 607.0505, bridge Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, a and formation in agents and accept the displactors of scion 607.0505, bridge Statutes, the appointment as registered agent, and accept the displactors of scion 607.0505, bridge Statutes, the appointment as registered agent, and accept the	TEQUES	TA FL 33469		8	3					
1. Personert to the provisiones of Sections 607,0502 and 607,1508, Florida Statutes, this above-named corporation submiss this statement for the purpose of changing its registered agend. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.    1.				8	4 City		P-1	85 Zıç	Code	
or registered agent, or both, in the State of Lorida. 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 Suchicula (17,0050), Florida State (18,000),	44 Durayant t	o the provisions of Parties 607 0500	and COV 1509 Florido Ctatuta	a the phane	Depart serve	oting a denite this statement for the pure			anielaned off a	_
SIGNATURE	or registere	ed agent, or both, in the State of Florid	la. Such change was authorize	ed by the co	rporation's boar	d of directors. I hereby accept the appoint	pose of char pintment as r	agistered	agent. I am	"
12		n, and accept the obligations of Section	on Co7.0505, Flonda Statutes	•						
NAME   EDLUND, DAVID W.   22 NAME   23 SIRELI ADDRESS   24 CITY-ST-ZP    24 CITY-ST-ZP    27 NAME   27 N					gent signature required					ର
NAME   EDLUND, DAVID W.   22 NAME   23 SIRELI ADDRESS   24 CITY-ST-ZP    24 CITY-ST-ZP    27 NAME   27 N						ADDITIONS/CHANGES TO OFFI				_
NAME   EDLUND, DAVID W.   22 NAME   23 SIRELI ADDRESS   24 CITY-ST-ZP    24 CITY-ST-ZP    27 NAME   27 N		_			1		<b>L</b> J	Change	LJ Addition	- E
NAME   EDLUND, DAVID W.   22 NAME   23 SIRELI ADDRESS   24 CITY-ST-ZP    24 CITY-ST-ZP    27 NAME   27 N	-									충
NAME   EDLUND, DAVID W.   22 NAME   23 SIRELI ADDRESS   24 CITY-ST-ZP    24 CITY-ST-ZP    27 NAME   27 N										밁띯
STREET ADDRESS   JUPITER FL			DELETE					Change	Addition	⊣Ե
DIFFER FL	NAME	EDLUND, DAVID W.		2 2 NAM	E					-
TITLE	STREET ADDRESS	211 WOODBRIDGE DR.		2 3 STRE	ET ADDRESS					
NAME		Jupiter Fl								
STREET ACDRESS			☐ DELETE					Change	Addition	
DELETE     DELETE				1						
TITLE										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5 1 TITLE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-S			[7] DELETE					Channe	Addition	$\dashv$
STREET ADDRESS CHY-ST-ZIP  4.4 CHY-ST-ZIP  THILE DELETE 5.1 THLE 5.2 NAME STREET ADDRESS CHY-ST-ZIP  THLE 5.3 STREET ADDRESS CHY-ST-ZIP  THLE 5.4 CHY-ST-ZIP			Control				L	Onungo	L.J 7500001	
CITY-ST-ZIP  DELETE  1 TITLE  DELETE  5 1 TITLE  5 2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5 4 CITY-ST-ZIP  TITLE  DELETE  6 1 TITLE  Change Addition Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  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				4						
TITLE         DELETE         5 1 TILE         Change         Addition           NAME         52 NAME         52 NAME         53 STREET ADDRESS         53 STREET ADDRESS         54 CITY-ST-ZIP         54 CITY-ST-ZIP         54 CITY-ST-ZIP         TITLE         Change         Addition           NAME         62 NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS         64 CITY-ST-ZIP           CITY-ST-ZIP         64 CITY-ST-ZIP         64 CITY-ST-ZIP         64 CITY-ST-ZIP         64 CITY-ST-ZIP										
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6 1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  6 2 NAM: 6 2 NAM: 6 3 STREET ADDRESS CITY-ST-ZIP  6 4 C-TY-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			DELETE					Change	Addition	7
CITY-ST-ZIP  TITLE    DELETE   6 1 TITLE   Change   Addition	NAME			5 2 NAM	Ė					
TITLE DELETE 6 1 TITLE 6.2 NAME  NAME 6.2 NAME  STREET ADDRESS  CITY: \$1-73P 6.4 C-TY-\$1-72P  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	STREET ACCRESS			5.3 STRE	EL ADDRESS					İ
NAME  STREET ACDRESS  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										_
STREET ADDRESS CITY: \$1-2IP  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			[]] DELETE		1			Change	☐ Addition	
6.4 C.TY-SI-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										
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 lengt effect as it made under	14. I do hereb	L y certify that the information supplied v	vith this filing is voluntarily furn	ished and de	oes not qualify for	or the exemption stated in Section 119.	07(3)(k), Flori	da Statut	es. I further	

To necedy certify that the information supplied with tris lining is voluntarily turnished and loce hot quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 12 thichanged, or on an attachment will an addition.

SIGNATURE:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (40)845-8455(1343)