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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # DO

## **FILED** May 06 1997 8:00am Secretary of State

1. Corporat on Name  IMAGINATIONS, INC.  Principal Place of Business  6265 DOWDY CT.  ORLANDO FL 32819  Mailing Address  6265 DOWDY CT.  ORLANDO FL 32819-7770			<u> </u>					
					3. Date Incorporated or Qualified 11/12/1992		ate of Last 20/1996	•
Principal Piace of Business		2a. Mailing Address	***************************************		4. FEI Number			Applied For
<u>11</u>	. v 4	26		<del></del>	59-3151304			Not Applicable
Surte, Apt	: #, Θ[β	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Regulred
City & Stat	de	City & State		<del></del>	6. Election Campaign Financing			O May Be
3		28			Trust Fund Contribution			d to Fees
Ζιρ	Country	Zip	Coun	try	8. This corporation has fiability fo	r intangible	tax under	s. 199.032,
4	9. Name and Address of Cu	29	30		Florida Statutes  10. Name and Address of New R	Yes		
		Ittelit vedistelen våelit	<del>  </del> ;	Name	IV. Hame Bild Address of Herri	e Brotol An	- Adailt	
	MA, ANTHONY 35 DOWDY CT.		<b>\</b>	Street Add	dress (P.O. Box Number is Not Accepta	able)		
	LANDO FL 32819		[	Street Aug	Bress (F.O. DOX NUMBER IS 1401 ACCOPIE			
			[1	33				
			- h	34 City			<b>85</b> Zi	p Code
				FL FL				
agent fa	registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change was obligations of, Section 607.0505, F	authorized Iorida Statu	by the corporates.	ation's board of directors. I hereby acc	ept the app	oointment a	as registered
SIGNATURE	Signature: Specificy purified name of registers OFFICERS	eu ageril and itile if applicable. (NO S AND DIRECTORS	OTE: Registered	Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby accurred when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. hille	Signature typed or printed name of registers OFFICERS	eu agent and title if applicable. (NO	TE: Registered	Agent signature requ	uired when reinstating)	DATE		ORS IN 12
SIGNATURE I <mark>2.</mark> IIIIE IAME	Signature typed or printed name of registers OFFICERS DVS POMA, ANTHONY	eu ageril and itile if applicable. (NO S AND DIRECTORS	13. 1 1 1 1 1 1 1 2 NAME	Agent signature requ E	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  HILE  VAME  STREET ADDRESS	Signature by a documented name of registers OFFICERS DVS POMA, ANTHONY 6265 DOWDY CT.	eu ageril and itile if applicable. (NO S AND DIRECTORS	13. 11 TITE 1.2 NAM 1.3 STR	Agent signature requ E AE EET ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  DILLE NAME  STREEL ADDRESS  CITY-SI 72	OFFICERS  DVS  POMA, ANTHONY 6265 DOWDY CT.  ORLANDO FL 32819	eu ageril and itile if applicable. (NO S AND DIRECTORS	13. 11 TITE 1.2 NAM 1.3 STR	Agent signature requ E AE EET ADDRESS V-ST-ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e Addition
SIGNATURE  12.  DITE  STREET ADDRESS  CITY-ST-ZP  TILE	OFFICERS  DVS  POMA, ANTHONY  6285 DOWDY CT.  ORLANDO FL 32819  DPT	en agent and title if applicable (NO 5 AND DIRECTORS DELETÉ	13. 11.1111 1.2 NAk 1.3 STR	Agent signature required to the signature re	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e Addition
SIGNATURE  12.  UILE VAME STREEL ADDRESS  DITY-SE 722  UILE NAME	Signature typed to printed name of registers OFFICERS DVS POMA, ANTHONY 6265 DOWDY CT. ORLANDO FL 32819 DPT POMA, SHERRY	en agent and title if applicable (NO 5 AND DIRECTORS DELETÉ	13. 11 TIII 1.2 NAM 1.3 STF 1.4 CIT 2.1 TIII	Agent signature required to the signature re	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 6 Addition
SIGNATURE  12.  DITE NAME STREEL ADDRESS THEE NAME SHEELT ADDRESS	OFFICERS  DVS  POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT POMA, SHERRY	est agent and title if applicable. (NO 6 AND DIFFECTORS DELETE	13. 11 TIII 1.2 NAN 1.3 STF 1.4 CIT 2.1 TIII 2.2 NAI 2.3 STF 2.4 CIT	Agent signature requ E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP Y-ST-ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
SIGNATURE  12.  DITE NAME STREEL ADDRESS CITY-ST 70 THE NAME SHELT ADDRESS CITY-ST 70 THE	OFFICERS  DVS  POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT POMA, SHERRY 6285 DOWDY CT.	en agent and title if applicable (NO 5 AND DIRECTORS DELETÉ	13. 11 TIII 12 NAM 13 STF 1.4 CIT 21 TIIII 22 NAJ 23 STF 2.4 CIT 3.1 TIIII	Agent signature requ  E  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
SIGNATURE  12.  THE NAME STREEL ADDRESS CHY-SE-ZIP THE NAME SHEELT ADDRESS CHY-SE-ZIP THE NAME	OFFICERS  DVS POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT POMA, SHERRY 6285 DOWDY CT. ORLANDO FL 32819	est agent and title if applicable. (NO 6 AND DIFFECTORS DELETE	13. 11 TIII 12 NAM 13 STF 14 CIT 21 TIIII 22 NAI 23 STF 2.4 CIT 3.1 TIIII 32 NAI	Agent signature requ  E  AE  EET ADDRESS  Y-ST-ZIP  E  ME  EET ADDRESS  Y-ST-ZIP  E  ME  ME  EET ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
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SIGNATURE  12.  THE NAME STREEL ADDRESS CITY-SI-ZP THE NAME SHEELT ADDRESS CHY-SI-ZP TOLE NAME STREEL ADDRESS CITY-SI-ZIP THE	OFFICERS  DVS POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT POMA, SHERRY 6285 DOWDY CT. ORLANDO FL 32819	est agent and title if applicable. (NO 6 AND DIFFECTORS DELETE	13. 11 TIII 12 NAM 1.3 STF 1.4 CIT 2.1 TIII 22 NAM 2.3 STF 2.4 CIT 3.1 TIII 32 NAI 33 STF 34. CIT	Agent signature required for the signature requi	uired when reinstating)	DATE	D DIRECTO	DRS IN 12 e
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SIGNATURE  12.  THE NAME STREET ADDRESS CHY-SE-763 THE NAME STREET ADDRESS CHY-SE-716 THE NAME STREET ADDRESS CHY-SE-716 THE NAME STREET ADDRESS CHY-SE-716 THE NAME	OFFICERS  DVS  POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT  POMA, SHERRY 6285 DOWDY CT. ORLANDO FL 32819	en agent and title if applicable	13. 11 TIII 12 NAN 13 STF 14 CIT 21 TIIII 22 NAN 23 STF 24 CII 31 TIIII 32 NAN 33 STF 34 CII 41 TIII 42 NA 43 STF 44 CII 51 TIII	Agent signature required to the signature re	uired when reinstating)	DATE	D DIRECTO	DRS IN 12 e
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SIGNATURE  12.  THE NAME STREET ADDRESS CHY-SE-ZIP THE	OFFICERS  DVS  POMA, ANTHONY 6285 DOWDY CT. ORLANDO FL 32819  DPT POMA, SHERRY 6285 DOWDY CT. ORLANDO FL 32819	DELETE  DELETE  DELETE  DELETE	13. 11 TIII 12 NAN 13 STF 14 CIT 21 TIIII 22 NAI 23 STF 24 CIT 31 TIIII 42 NAI 43 STF 44 CIT 4.1 TIII 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIII 5.2 NAI 5.3 STF 6.1 TIII 6.2 NAI 6.3 STF	Agent signature required.  E  AE  EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E  ME  LEET ADDRESS  Y-ST-ZIP  LE  ME  ME  LE  ME  ME  LE  ME  M	uired when reinstating)	DATE	D DIRECTO Chang Chang Chang Chang	DRS IN 12 e

emental annual report is true and accurate and that my aightful shall have the same legal effect as it made under or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an algorithment with an address.