

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015546 (4)

1. Corporation Name

IMAGING PUBLISHING, INC.



Principal Place of Business

10902 JUNIPERUS PLACE
TAMPA FL 33618

Mailing Address

10902 JUNIPERUS PLACE
TAMPA FL 33618

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNITZLEIN, H N
10902 JUNIPERUS PLACE
TAMPA FL 33618

81 Name

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

83

84 City

FL

85 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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (See Chapter 607, Florida Statutes)

Signature of Registered Agent (See Chapter 607, Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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:

H. N. Schnitzlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. N. SCHNITZLEIN

1 FEB 96 (813) 933-5415
Date Date/Time/Phone

CR2E034 (12/95)