

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 # P93000002316 (6)

1. Corporation Name

HOME IMAGING, INC.



Principal Place of Business

3245 HYDE PARK DRIVE
CLEARWATER FL 34621

Mailing Address

3245 HYDE PARK DRIVE
CLEARWATER FL 34621

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-3161265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIKORA, ROBERT C
3245 HYDE PARK DRIVE
CLEARWATER FL 34621

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent for Service of Process)

(Signature of Registered Agent or Agent for Service of Process)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
SIKORA, ROBERT C
STREET ADDRESS
3245 HYDE PARK DRIVE
CITY-STATE-ZIP
CLEARWATER FL 34621

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
SIKORA, DAVID M
STREET ADDRESS
20 TROTTERS GLEN
CITY-STATE-ZIP
FARMINGTON CT

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
SIKORA, ROBERT C JR
STREET ADDRESS
2612 2ND COURT
CITY-STATE-ZIP
PALM HARBOR FL 34684

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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. I do so on an attachment with an address.

SIGNATURE:

Robert C. Sikora
Robert C. Sikora

29 Jan 96 (813) 785-7292

CR2E034 (12/95)