

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

DOCUMENT # P93000022052 (3)

1. Corporation Name  
THE OFFICE IMAGE, INC.



Principal Place of Business

43 BARKLEY CIRCLE  
201  
FT. MYERS FL 33097  
US

Mailing Address

43 BARKLEY CIRCLE  
201  
FT. MYERS FL 33097  
US

2. Principal Place of Business

21 1190S N TAMiami TR

Suite, Apt. #, etc

22 SUITE A

City & State

23 NAPLES FL

Zip Country

24 34110-1612 25 US

2a. Mailing Address

26 1190S N TAMiami TR

Suite, Apt. #, etc

27 SUITE A

City & State

28 NAPLES FL

Zip Country

29 34110-1612 30 US

3. Date Incorporated or Qualified  
03/19/1993

3a. Date of Last Report  
08/14/1995

4. FEI Number  
65-0377788

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

WOODWARD, BALD R  
1008 BALD EAGLE DRIVE  
MARCO ISLAND FL 33969

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, of registered agent, as in Block 9

(If filer is Registered Agent, Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
STEPHEN L. EMENS  
331 LAGOON AVE  
NAPLES FL

TITLE ST ☐ DELETE

NAME  
KAREN EMENS  
331 LAGOON AVE  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Stephen L. Emens Sec/Pres  
KAREN EMENS

8-3-96 (441)597-1116

CR2E034 (12/95)