FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	JMENT # P93000 IDOSCOPE GRAPHICS, INC.	0038368 (5)), <u>1818 </u>
Principal Pl	ace of Business	Mailing Address			IN DENDE MANGE BLACK (CAN ARE)
8419 LITTL	ETON ROAD ERS FL 33903	8413 LITTLETON ROAD N. FT. MYERS FL 33903 US		DO NOT WRITE IN THIS	SPACE
		00		3. Date Incorporated or Qualified	
				05/27/1993	
2. Principa	l Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0415967	Not Applicable
	pt. #, et c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & S	teto	City & State		- Fluidin On the Situation	
23	iaie	28		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cur	
24	25	29	30		Yes No
	g. Name and Address of Curren			10. Name and Address of New Registered	Agent
F	RUSSELL, DEAN A		81 Name		
	7 PARROT PLACE		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
N. FT. MYERS FL 33917					
11.77			83		
			84 City		85 Zip Code
		· · · · · · · · · · · · · · · · · · ·	'	FL	.
11. Pursua office o	int to the provisions of Sections 607.050 or registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was	tes, the above-named corp authorized by the corporal	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	f changing its registered pointment as registered
agent.	I am familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Statutes.	and the state of t	Similar of the grant of
SIGNATUR	E Signature, typed or printed name of registered age	Allowed to the second s	IF- Registored Agent signature requir	red when reinstaling) DA1E	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	Ρ	DELETE	1.1 TITLE	ADDITIONAJOLIANAEO TO OTTOETIO ANA	☐ Change ☐ Addition
NAME	RUSSELL, DEAN A.		1.2 NAME		Ì
STREET ADDRES	40 04 00 00 00 00		1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL		1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2.1 TATLE		Change Addition
NAME	RUSSELL, KENNETH D.		2.2 NAME		
STREET ADDRES	s 1800 NW 24TH AVE.				
CITY-ST-ZIP			2.3 STREET ADDRESS	Ma gri	
Title C	CAPE CORAL FL		2.4 CITY-ST-ZIP	124	
TITLE	CAPE CORAL FL TS	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	t de la companya de	☐ Change ☐ Addition
NAME	CAPE CORAL FL TS RUSSELL, ISABELLE L	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	tak untuk di salah s	
NAME STREET ADDRES	CAPE CORAL FL TS RUSSELL, ISABELLE L 17 PARROT PLACE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	in the second se	
NAME STREET ADDRES CITY-ST-ZIP	CAPE CORAL FL TS RUSSELL, ISABELLE L 17 PARROT PLACE N. FT. MYERS FL		2 . 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 . CITY - ST - ZIP	144	☐ Change ☐ Addition
NAME STREET ADDRES CITY-ST-ZIP TITLE	CAPE CORAL FL TS RUSSELL, ISABELLE L 17 PARROT PLACE N. FT. MYERS FL V	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	124 271	
NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	CAPE CORAL FL TS RUSSELL, ISABELLE L 17 PARROT PLACE N. FT. MYERS FL V RUSSELL, JUDITH M		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Mar 27 1998 8:00am

Secretary of State