1-16., 1 8-0261 -C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054219 (9)

IMAGE TODAY ADVERTISING. INC.

FILED Jan 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 165 SPRINGS LAKE HILLS DR 165 SPRINGS LAKE HILLS DR ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714									
						3. Date Incorporated or Qualified 07/30/1993	1 - 1	te of Last R 23/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	V.II.		plied For
21		26							t Applicable
Suite, Apt.	#, etc	Suite Apt. #, etc				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	Ó	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip 24	Country 25	Zip 29	30 Cou	intry		8. This corporation has liability for it Florida Statutes		tax under s. No	199.032
:4	9. Name and Address of Cur		[30]			10, Name and Address of New Reg			
RITI	rger, Herbert			81	Name				
165 SPRINGS LAKE HILLS DR					Street Add	dress (P.O. Box Number is Not Acceptab	le)		
ALT	AMONTE SPRINGS FL 32714								
				83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.t	0502 and 607.1508. Florida S	talutes, the al	bove	e-named co	poration submits this statement for the p	urpose of	changing it	s registered
SIGNATURE	Signature, typied or printed name of registers of	agent and Old Bapplicable	(NOTE Registered			ation's board of directors. I hereby acception and the second of directors and the second of the sec	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D UFORFOT	DELET!						Change	Additio
NAME	RITTGER, HERBERT 165 SPRING LAKE HILLS D	6	1,2 N/		ADDDCCC				
STREET ADDRESS City-St-Zip	ALTAMONTE SPRINGS FL		•		ADORESS T-ZIP				
TITLE	ALIAMONIE OF HINGO I E	DELETI			11-21	***************************************		Change	Addition
NAME			22 N/	AME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY - S1 - ZIP				_	ST-ZIP			:	
TITLE		☐ DELETI						L Change	Addition
NAME			32 N/						
STREET ADDRESS			· .		ADDRESS				
CITY - ST - ZIP TITLE		DELETI			ST-ZIP			Change	Addition
-NAME			4. 2 N	AME				•	
STRENLACIONESS			4.3 \$1	TREET	ADDRESS	1			
CITY-ST-7				TY-S	T-ZIP				·····
TITLE		DELETI			Ī			Change	Additio
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	 \	☐ DELET	5.4 CI		I - ZIP			Change	Additio
TITLE	1	L_I UELCO			1			LI CHANGE	L Maditid
NAME STREET ADDRESS			6.2 N/		ADDRESS				
City St. 7ip	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				71-71P				

14. I do hereby 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 conditation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.