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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081484 (6)

IMAGES TOO, INC.

Principal Place	of Due noce		Mailing Address							
Principal Place of Business 2221 OX BOTTON ROAD			2221 OX BOTTOM ROAD							
TALLAHASSEE				ASSEE FL 32312						
							3. Date Incorporated or Qualified 11/29/1993	3a. Date o		eport
2. Principal Pla	ace of Business		2a. Mailır	ng Address	·		4. FEI Number	1,		plied For
21			26				59-3255250		No	t Applicable
Suite, Apt. #	#, etc.		 	, Apt. #, etc.			5. Certificate of Status Desired	□ \$		dditional
22			27	9 Ctato					Fee Re	
City & State	3			& State			Election Campaign Financing Trust Fund Contribution		5.00 Added to	
23] Zip	Countr		28 Zip		Countr	v				
24	25	,	29		30	,	This corporation has liability for i Florida Statutes	Yes \[\Bar \] N		199.032,
	9. Name and Addre	ss of Current F		Agent	1001		10. Name and Address of New Re			
LET(CHMAN, BARBARA N	4			8	Name				
	1 OX BOTTOM ROAL				8:	Direct	Address (P.O. Box Number is Not Acceptab	lo)		
	LAHASSEE FL 32312				64	2116617	Address (F.O. Box Number is Not Acceptab	ne)		
					83	3	-			
					84	City	. <u>, , , , , , , , , , , , , , , , , , ,</u>	FL 8	Zip (Code
11 Pursuant t	to the provisions of Sect	tions 607 (1502 s	and 607 150	18 Florida Stell	itas the abou	L	corporation submits this statement for the p	urnose of che	noino its	renisterer
office or re	egistered agent, or both	, in the State of	Florida, Su	ch change was	authorized t	by the corp	poration's board of directors. I hereby accep	the appointr	nent as	registered
	os familiar with land acc	ept the obligation	oris ot, Sect	ion 607.0505, F	iorida Statute	es.				
agent Lar										
SIGNATURE		of repistered agent a	and title if applic	able (NO	TE: Bea stered A	nent signature	required when reinstating)	DATE		
SIGNATURE	Signature, spessor printed name	of registered agent a			TE: Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIF	RECTOR	S IN 12
SIGNATURE	Signature, spessor printed name					gent signature		ERS AND DIF	RECTOR Change	
SIGNATURE 12.	Signaturé is ped or printed name	FFICERS AND D		3	13.			ERS AND DIF		
SIGNATURE	Signarue (greet or printed name O	FFICERS AND E		3	13. 1.1 TITLE 1.2 NAME			ERS AND DIF		
SIGNATURE 12. NAME	Signaciae (5) est or pointed nave O D LETCHMAN, BARB	FFICERS AND D ARA M ROAD		DELETE	13. 1.1 TITLE 1.2 NAME	et address		ERS AND DIF	Change	
SIGNATURE 12. JULE NAME STREET ADDRESS	Signaciae is jest or printed have O D LETCHMAN, BARB 2221 OX BOTTOM	FFICERS AND D ARA M ROAD		3	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS St-zip		ERS AND DIF		Addition
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