Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90133 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400007425

1. Corporation Name

OBVETAL IMAGE GRAPHICS, INC

	IMAGE GRAPHICS, INC.						
Principal Place	of Business	Mailing Address	,				
1049 NW 1ST CC		1049 NW 1ST COURT					
HALLANDALE FL 33009 HALLANDALE FL 33009					DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
us U\$					3. Date Incorporated or Qualifed		
					01/21/1994		
		2a. Mailing Address			4. FEI Number	Appli	ed For
Principal Pla	ace of Business				65-0457068	Not A	Applicable
1		Suite, Apt. #, etc.				\$8.75 Add	
Suite, Apt. #	ŧ, etc.	27			5. Certificate of Status Desired	Fee Requ	
2		City & State			6. Election Campaign Financing	\$5. 00 м	
City & State	·	28			Trust Fund Contribution	Added to	Fees
7in	Country	Zip	Count	ry	8. This corporation owes the current year	r Intangible	
Zip	25	29	30		Personal Property Tax.		No
24	9. Name and Address of Curren				10. Name and Address of New Register	rea Agent	
			[ε	1 Name			
STEP	PHEN PREMADAS		1	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
1049	NW 1ST COURT						
HALL	ANDALE FL 33009		1	13	•		
			- 1	14 City		85 Zip Co	ode
				, ,	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	FL 03 2 2	agistored
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age				orporation submits this statement for the purpos ration's board of directors. I hereby accept the a quired when reinstating) ADDITIONS/CHANGES TO OFFICER:	E	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	SANDURFUIOR	
		ID DIRECTORS	13.		ADDITIONS/G/12/11/900	C) Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN PRENDAS		1.1 TITU 1.2 NAM 1.3 STF	EET ADDRESS (-ST-ZIP	ADDITIONAL	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STEPHEN PRENDAS 3910 SW 47TH AVENUE HOLLYWOOD FL D DARWIN BOYD 1244 POLK STREET	☐ DELETE	1.1 TITU 1.2 NAP 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAP 2.3 STI	ME EET ADDRESS /-ST-ZIP E ME REET ADDRESS Y-ST-ZIP	ADDITIONAL	☐ Change	Addition
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14. I 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 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, with all other like empowered.