

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021354 (3)
 1. Corporation Name
ILLUMINACTIVE MULTIMEDIA, INC.



Principal Place of Business 2840-E REMINGTON GREEN CIR TALLAHASSEE FL 32308	Mailing Address 2840-E REMINGTON GREEN CIR TALLAHASSEE FL 32308-1570
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1994	3a. Date of Last Report 05/22/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3236696		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WILKINSON, BEN H
7273 OX BOW ROAD
TALLAHASSEE FL 32312**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUMPACKER, WILLIAM J III	
STREET ADDRESS	837 BROOKWOOD DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANTON, THOMAS M	
STREET ADDRESS	1215 BUCKINGHAM DR	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MILLER, WILTON R	
STREET ADDRESS	3015 WINDSOR WAY	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, BARBARA J	
STREET ADDRESS	1739 KATHRYN AVE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYFIELD, CATHERINE D	
STREET ADDRESS	7510 BUCK LAKE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, STEVEN L	
STREET ADDRESS	3020 BOBBIN BROOK CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE _____

CR2E034 (9/96)