


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

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024575 (0)
1. Corporation Name
NEW IMAGE MARKETING, INC.



Principal Place of Business: 5961 FALLS CIRCLE NORTH LAUDERHILL FL 33319
Mailing Address: 5961 FALLS CIRCLE NORTH LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
4. FEI Number: 65-0478900
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 9266 Chelsea Drive North, 22
2a. Mailing Address: 26 9266 Chelsea Drive North, 27
23 Plantation, FL, 28
24 33324, 25 USA, 29 33324, 30 USA

9. Name and Address of Current Registered Agent
NEWMAN, SANDRA
5961 FALLS CIRCLE NORTH
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent
81 Name: Newman, Sandra
82 Street Address (P.O. Box Number is Not Acceptable): 9266 Chelsea Drive North
84 Plantation, FL, 85 Zip Code: 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, SANDRA	1.2 NAME	
STREET ADDRESS	5961 FALLS CIRCLE NORTH	1.3 STREET ADDRESS	9266 Chelsea Drive North
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	Plantation, FL. 33324
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASSBERG, LAURA	2.2 NAME	
STREET ADDRESS	1522 BENCH RD D7	2.3 STREET ADDRESS	
CITY-ST-ZIP	POCATELLO ID	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Sandra Newman 1/26/98 954 9160613

CR2E034 (10/97)