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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



LORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026630 (1)

IMAGE APPLICATIONS SOLUTIONS, INC.

1889 JESSICA WINTER PARI		1889 JESSICA CT. Winter Park Fl		DO NOT WRITE IN THIS:  3. Date Incorporated or Qualified  03/30/1994	SPACE.
2. Principal P	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-3268614	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Α	City & State		A Floring County Singuistry	Fee Required
23		28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
	MENEZ, CARLOS		B1 Nan	ne e	
1889 JESSICA CT. Winter Park Fl			<b>B2</b> Stre	et Address (P.O. Box Number is Not Acceptable)	
<b>***</b>	VIER PAHK FL		83		
			84 City	FL	85 Zip Code
agent. I a	egistered agent, or both, in the Sta im familiar wilth and accept the obl Signature types or histochastic of registery			orporation's board of directors. I hereby accept the app  4/17/9  Ore required when reinstating)  DATE	ointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GIMENEZ, CARLOS		1.2 NAME		
STREET ADDRESS	1889 JESSICA CT.		1.3 STREET ADDRES	s	
CITY-ST-ZIP TITLE	WINTER PARK FL	DELETE	1.4 CITY - ST - ZIP 2.1 TILLE		Change Addition
NAME	GIMENEZ, REBEKAH	L. Juliu	2.1 TITLE 2.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS	1889 JESSICA CT.		2.3 STREET ADDRES	s	
CITY-ST-ZIP	WINTER PARK FL		2 4 CITY-ST-ZIP	~	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	s	
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	}		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	S	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		C) section	5.2 NAME		commy regulation
STREET ADDRESS			5.3 STREET ADDRES	s	
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	s	

14. Thereby 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 eath; 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.

4/17/90

411/1/45-2163