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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000027209 (3)

1. Corporation Name
THE OTHER IMAGE, INC.

Principal Place of Business

360 S. MILITARY TR.
DEERFIELD BCH. FL 33442

Mailing Address

P.O. BOX 2398
FT. LAUDERDALE FL 33309-2398



3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0564289

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1111-D NE 7th Avenue

2a. Mailing Address

26 P.O. BOX 4789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

Zip

Country

Zip

Country

24 33304

25 USA

29 33338

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, MARK
360 S. MILITARY TR.
DEERFIELD BCH. FL 33442

81 Name

MARK WEST

82 Street Address (P.O. Box Number is Not Acceptable)

1111-D NE 7th Avenue

83

Suite 400

84 City

Fort Lauderdale FL

85 Zip Code

33304

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark West R.A.

April 27, 1997 (654) 522-0044

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPTS
NAME WEST, MARK
STREET ADDRESS 360 S. MILITARY TR.
CITY-ST-ZIP DEERFIELD BCH. FL 33442

1.1 TITLE DPTS
1.2 NAME MARK WEST
1.3 STREET ADDRESS 1111-D NE 7th Ave Suite 400
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Mark West Pres. D

4.27.97 (654) 427-1007

Date

Daytime Phone #

CR2E034 (9/96)