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PROFIT CORPORATION ANNUAL REPORT

1997



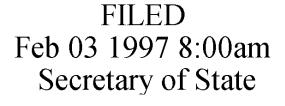
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030045 (6)

ACTIVE IMAGES, INC.





Principal Place of Business 1584 EASTLAKE WAY FT. LAUDERDALE FL 33326	Mailing Address 1584 EASTLAKE WAY FT. LAUDERDALE FL 3332	· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 3a. Date of Last Report			
				3. Date Incorporated or Qualified 04/20/1994	3a. Date of 04/05/1		∌port
Principal Place of Business 1	2a. Mailing Address	· · · · · ·		4. FEI Number 65-0562943		Ар	plied For t Applicable
Suite Apt. #. etc	Suite, Apt. #, etc.	***************************************		5. Certificate of Status Desired	1 1 7 7		Additional
City & State	City & State			Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be o Fees
Zip Country 24 25	Zip 29	Countr 30	у	8. This corporation has liability for	intangible tax u		199.032,
	Current Registered Agent	1001		10. Name and Address of New Re			
YELMAN, MICHAEL		B1	Name				
1584 EASTLAKE WAY		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33326		83	B	ministrative programme and a second			
		84	City		FL 85	Zip (Sode
Pursuant to the provisions of Sections of office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or primed name of registere.	ne State of Florida, Such change was ne obligations of, Section 607.0505, Floring stated agent and tills if applicable. (NOI	authorized b orida Statute (E: Registered Ac	y the corpora	tion's board of directors. I hereby acce	pt the appointm	nent as	registered
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		******************************	
TITLE P	☐ DELETE	1.1 TITLE	•		Ц,	Change	Addition
NAME YELMAN, MICHAEL		1.2 NAME					
STREET ADDRESS 1584 EASTLAKE WAY	222		T ADDRESS				
CITY-ST-ZIP FT. LAUDERDALE FL 33	DELETE	1.4 C/TY- 2.1 T/TLE	ST-ZIP			Change	Addition
TITLE	⊩") DEFFE				3/ LLI	Jilariye	LJ AUGRION
NAME		2.2 NAME	[•		
STREEL ADDRESS			T ADDRESS				
CITY-SI-ZIP	DELETE	2 4 CITY 31 TITLE				Change	Addition
NAME		3.2 NAME				·	
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP		3.4. CITY					
TITLE	☐ DELETE	4.1 TITLE			alv. giril	Change	☐ Addition
NAME		4. 2 NAM	E				
STREET ADDRESS		4.3 STREE	T ADDRESS				
CITY-ST-2IP		4.4 CITY-	ST-ZIP				
TITLE	DELETE	5.1 TITLE				Change	Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	T ADDRESS	ta de la companya de			
CITY-ST-ZIP		5.4 CITY-	ST-ZIP		· ·		
TITLE	DEFELE	6.1 TITLE				Change	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	ET ADORESS	•			
CITY-ST-ZIP		6.4 CITY-	ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption si information indicated on this annual report or supplemental annual report is true and accurate an: I am an officer or director of the corporation or the receiver or tostee ampowered to execute this appears in Block 12 or Block 13 if changed or or as attachment with an address.

in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that out as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR