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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030045 (6)

ACTIVE IMAGES, INC.

Principal Place of Business

Mailing Address

26

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29

9. Name and Address of Current Registered Agent

1584 EASTLAKE WAY FT. LAUDERDALE FL 33326

2. Principal Place of Business

25

FT. LAUDERDALE FL 33326

YELMAN, MICHAEL 1584 EASTLAKE WAY

Suite, Apt. #, etc.

City & State

21

22

23

24

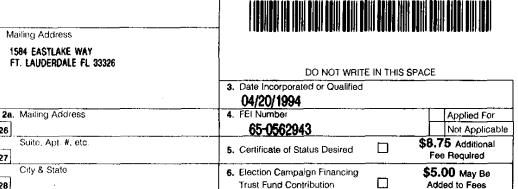
Zip

1584 EASTLAKE WAY FT. LAUDERDALE FL 33326

FILED May 05 1998 8:00am Secretary of State

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

10. Name and Address of New Registered Agent



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

84 City

83

Country

30

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 prefed rear cell is got a cell egent and title J applicable (NOTE: Registered Agent signature required when reinstating) DATE.						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		IS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	YELMAN, MICHAEL		1.2 NAME			
STREET ADDRESS	1584 EASTLAKE WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	•		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREFT ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	-	Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 an attackment without additional control of the corporation of th

under

659) 3XY-2958