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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000062598 (5)**

1. Corporation Name
AMERICAN IMAGE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3518 DEVONSWOOD DR ORLANDO FL 32806	P.O. BOX 1525 GOLDENROD FL 32733-1525 US

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report: 07/05/1996

4. FEI Number: 59-3245843 ☐ 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	2a. Mailing Address
21 7535 COMPASS DRIVE	26 ~~1525 Compass~~
Suite, Apt. #, etc. 22 POST OFFICE BOX 1525	Suite, Apt. #, etc. 27 POST OFFICE BOX 1525
City & State 23 GOLDENROD, FL.	City & State 28 GOLDENROD, FL.
Zip / Country 24 32733-1525 25 U.S.A.	Zip / Country 29 32733-1525 30 U.S.A.

9. Name and Address of Current Registered Agent

MORAN, JAMES H
3518 DEVONSWOOD DR
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: MORAN, JAMES H.
82 Street Address (P.O. Box Number is Not Acceptable): ~~POST~~ 7535 COMPASS DRIVE
83
84 City: WINTER PARK FL 85 Zip Code: 32792

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: James D. Moran (NOTE: Registered Agent signature required when reinstating) DATE: 13 MARCH 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	PST ☐ Change ☐ Addition
NAME	MORAN, JAMES H	12 NAME	MORAN, JAMES H.
STREET ADDRESS	3518 DEVONSWOOD DR	13 STREET ADDRESS	7535 COMPASS DRIVE
CITY-ST-ZIP	ORLANDO FL 32806	14 CITY-ST-ZIP	WINTER PARK, FL. 32792
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: James D. Moran JAMES H. MORAN 13 MAR 97 (407) 496-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #