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Secretary of State

03-01-1999 90230 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000062598**

1. Corporation Name
AMERICAN IMAGE ENTERPRISES, INC.



Principal Place of Business
 7535 COMPASS DR
 PO BOX 1525
 GOLDENROD FL 32733-1525
 US

Mailing Address
 P.O. BOX 1525
 GOLDENROD FL 32733-1525
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **386 BRUSHWOOD LA**
 Suite, Apt. #, etc.
 22 **P.O. BOX 1525**
 City & State
 23 **GOLDENROD FL**
 Zip Country
 24 **32733-1525** 25 **US**

2a. Mailing Address
 26 **386 BRUSHWOOD LA**
 Suite, Apt. #, etc.
 27 **P.O. BOX 1525**
 City & State
 28 **GOLDENROD FL**
 Zip Country
 29 **32733-1525** 30 **US**

3. Date Incorporated or Qualified
08/22/1994

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MORAN, JAMES H
7535 COMPASS DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
386 BRUSHWOOD LA
 83
 84 City
WINTER SPRINGS FL 85 Zip Code
32708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES H	1.2 NAME	
STREET ADDRESS	7535 COMPASS DR	1.3 STREET ADDRESS	386 BRUSHWOOD LA
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Moran **JAMES H. MORAN** 1/21/99 907-996-1313
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)