## 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 # 1. Corporation Name P94000077668 (9)

ELEGANT IMAGE, INC.

**FILED** Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- C Tablical via katin etati caun bain anni sanii sanii reana anne anni ean	
1407 MAIN STREET 1407 MAIN STREET DUNEDIN FL 34689 DUNEDIN FL 34689							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							10/20/1994
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26							<b>59-3275531</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Additional
City & State			27				Fee Required
City & State			<del></del>	City & State			6. Election Campaign Financing \$5.00 May Be
23				Zip Country			Trust Fund Contribution
Zip		Country	Zip	30	aritry	<i>'</i>	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.  Yes No
24 25 29 3 9. Name and Address of Current Registered Agent					т		10. Name and Address of New Registered Agent
SULLIVAN, MARYELLEN						Name	
					L		
2183 EDYTHE DRIVE DUNEDIN FL 34898					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
, u	JNEDIN PL	34698			83		
					L		
					84	City	FL 85 Zip Code
44 Pureuani	to the provis	ions of Sections 607.0	502 and 607 1508 Floric	la Statutes, the a	boy	L e-named corps	· · · · · · · · · · · · · · · · · · ·
office or	registered ac	ent, or both, in the Sta	ite of Florida. Such chan	ge was authorize	d by	the corporation	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I	am <b>ta</b> miliar w	ith, and accept the obl	ligations of, Section 607.	usus, Fiorida Sia	iule	5.	
SIGNATURE	Signature Ivoed	for printed name of registered a	soeni and title if applicable	(NOTE: Registere	d Age	ent signature require	ed when reinstating) DATE
12.	Digital C. Iyavi		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT		☐ DE	LETE 1.1 T	ITLE		☐ Change ☐ Addition
NAME	SULLIV	N, MARYELLEN		1.2 N	AME		
STREET ADDRESS	1	OYTHE DRIVE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	DUNED	N FL		1.4 0	ITY-5	ST-ZIP	
TITLE	VPS		☐ DE	LETE 2.1 T	ITLE		☐ Change ☐ Addition
NAME	SULLIV	N, JOHN F		2.2 N	AME		
STREET ADDRESS	2183 E	OYTHE DRIVE		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	DUNED	IN FL		2.40	CITY-	ST-ZIP	
TITLE	-		☐ DĒ	LETE 3.1 T	ITLE		☐ Change ☐ Addition
NAME				3.2 N	AME	1	
STREET ADDRESS				3.3 S	TREET	ADDRESS	
CITY-ST-ZIP					ITY-	ST-ZIP	
TITLE			☐ DE	LETE 4.1 T	ITLE		Change Addition
NAME				4.21	NAME		
STREET ADDRESS				4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP						ST-ZIP	
TITLE			☐ DE	LETE 5.11	ITLE		Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 S	TREET	ADORESS	
CITY-ST-ZIP	<u> </u>	···				ST- ZIP	
TITLE			☐ DE	LETE 6.1 T	ITLE		Change Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	1			6.4 C	ITY-5	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.