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**APPROVED
AND
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000088933 (4)

1. Corporation Name

CORPORATE IMAGE INTERNATIONAL, INC.

Principal Place of Business

**1304 SOUTHWEST 160 AVENUE, SUITE 221-A
FORT LAUDERDALE FL 33326**

Mailing Address

**1304 SOUTHWEST 160 AVENUE, SUITE 221-A
FORT LAUDERDALE FL 33326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 6041 Kimberly Blvd

2a. Mailing Address

26 6041 Kimberly Blvd

4. FEI Number

65-0538563

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

Suite, Apt. #, etc.

22 Suite I

Suite, Apt. #, etc.

27 Suite I

City & State

23 N. Lauderdale FL

City & State

28 N. Lauderdale FL

Zip

24 33068

Country

25 Broward

Zip

29 33068

Country

30 Broward

9. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Deborah A. Scraper

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

730 Crystal Court

83

84 City

Ft. Lauderdale

FL

85

33326

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

Deborah A. Scraper, Deborah A. Scraper, VP

4-11-95

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WILEY, PATRICIA A**
STREET ADDRESS **1304 SOUTHWEST 160 AVENUE, SUITE 221-A**
CITY, ST, ZIP **FORT LAUDERDALE FL 33326**

TITLE **VP**
NAME **Scraper, Deborah A.**
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **wiley, Patricia A.**

1.3 STREET ADDRESS **8860 NW 26 Ct**

1.4 CITY, ST, ZIP **Coral Springs, FL 33065**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **Scraper, Deborah A.**

2.3 STREET ADDRESS **730 Crystal Ct**

2.4 CITY, ST, ZIP **Ft. Lauderdale, FL 33326**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 resolver 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:

Deborah A. Scraper, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95

305-969-7883

(Date)

(Telephone Number)