SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000006117 (2)**

1. Corporation Name

IMAGE CONCEPTS OF NW FLORIDA, INC.

Principal Place of Business	Mailing Address
606 LAGOON OAKS CIR. PANAMA CITY BEACH FL 32408	P.O. BOX 14052 PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified: 01/24/1995
3a. Date of Last Report:
4. FEI Number: 59-3293025 ☐ 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
21: 8837 FRONT BEACH RD
Suite, Apt. #, etc
22: SUITE 37B
City & State
23: PANAMA CITY BEACH FL
Zip
24: 32407
Country
25: BAY

2a. Mailing Address
26:
Suite, Apt. #, etc
27:
City & State
28:
Zip
29:
Country
30:

9. Name and Address of Current Registered Agent

CHRISTIANSEN, UTA R
606 LAGOON OAKS CIR.
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BOD/PRESIDENT/TREASURER	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	UTA R. CHRISTIANSON		1.2 NAME		
STREET ADDRESS	606 LAGOON OAKS CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		1.4 CITY-ST-ZIP		
TITLE	BOD/VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALTER C. CHRISTIANSON		2.2 NAME		
STREET ADDRESS	606 LAGOON OAKS CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PCB FL 32408		2.4 CITY-ST-ZIP		
TITLE	BOD/SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SUSAN CHRISTIANSON BOOMAN		3.2 NAME		
STREET ADDRESS	606 LAGOON OAKS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PCB FL 32408		3.4 CITY-ST-ZIP		
TITLE	BOD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SVEN T. CHRISTIANSSON		4.2 NAME		
STREET ADDRESS	9222 CHAMPION		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46236		4.4 CITY-ST-ZIP		
TITLE	BOD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOREEN N. CHRISTIANSSON		5.2 NAME		
STREET ADDRESS	606 LAGOON OAKS CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PCB FL 32408		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	000001897190	☐ Change ☐ Addition
NAME			6.2 NAME	-07/17/96--01090--026	
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Uta R. Christiansen 6/24/96 (904) 230-3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
UTA R. CHRISTIANSEN

0136203 FP