

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 # P95000024410 (9)

1. Corporation Name

THE IMAGE GROUP, INC.



Principal Place of Business

Mailing Address

11963 GLENMORE DRIVE
CORAL SPRINGS FL 33071

11963 GLENMORE DRIVE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

1st one

2. Principal Place of Business

21 155 N.E. 1ST ST

2a. Mailing Address

26 155 N.E. 1ST ST.

4. FEI Number

65-0567378

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 City & State

Deerfield Beach, FL

27 City & State

Deerfield Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33441

Country

Bloward

29 Zip

33441

Country

Bloward

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACK, MICHAEL M
2055 WOOD STREET
SUITE 215
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME KATZ, TERRI J
STREET ADDRESS 462 LAKESIDE PARKWAY
CITY-ST-ZIP NEW ORLEANS LA 70124

☐ DELETE

TITLE PD
NAME BLOOM, ROBERT
STREET ADDRESS 2307 HIDDEN LAKE DRIVE
CITY-ST-ZIP WEST BLOOMFIELD MI 48324

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE STD
12 NAME KATZ, Terri
13 STREET ADDRESS 155 N.E. 1ST ST
14 CITY-ST-ZIP Deerfield Beach, FL 33441

☒ Change ☐ Addition

21 TITLE PD
22 NAME Diane Bloom
23 STREET ADDRESS 155 NE 1st Street
24 CITY-ST-ZIP Deerfield, FL 33441

☒ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 included 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:

Diane Bloom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

(954) 698-9300

Date

Daytime Phone: #

CR2E034 (3/96)