FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025956 (0)

IMAGES SILK SCREENING, INC.

Principal Place of Busines

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4334 S.W.72ND TERRACE DAVIE FL 33314 Mailing Address

4334 S.W.72ND TERRACE DAVIE FL 33314-3129

FILED Apr 21 1997 8:00am Secretary of State



4-124 8954475.0204

				03/31/1995	3a. Dale of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	SW 72TFRR	4. FEI Number	Applied For	
	SW 72TERRACE) ~ 12 15 KK	NOT APPLICABLE	Not Applicable	
Suite, Apt. (Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State FLORIDA 28 DAVIE FLO			LORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
_ ²⁸ 233	Country	722314	Country	8. This corporation has liability for inta		
1 300	25 0 3	29 3 3 3	<u> </u>		es 🔀 No	
	9. Name and Address of Current	Registered Agent	eth Name	10. Name and Address of New Regis	tered Agent	
DEVI	ITO, BRIAN		81 Name		•	
4334 S.W. 72ND TERRACE			82 Street Address (P.O. Box Number is Not Acceptable)			
DAV	E FL 33314		83	92		
			03			
			84 City		85 Zip Code	
11 Purcuent t	a the provisions of Spolians 607 0500	2 and 607 1508 Florida Statutos	the shave named corr	paralian submits this statement for the pure	oce of changing its registeres	
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	ne appointment as registered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.			
SIGNATURE .	Signature, typed or printed name of registered ager	and title it explicable (NOTE: E	Registered Agent signature requir	(vod włupo rojestatuno)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	P	DELETE	1.1 THLE		Change Addition	
IAME	DEVITO, BRIAN		1.2 NAME			
STREET ADDRESS	4334 SW 72 TERRACE		1.3 STREET ADDRESS			
CITY ST-ZIP	DAVIE FL 33314	!	1.4 C(1Y-ST-ZIP			
TITLE	VP	☐ DELETÉ	2.1 TITLE		Change Addition	
NAME	KOPACH, JOHN		2.2 NAME			
STREET ADDRESS	4341 SW 72 WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314		2.4 CHY-ST-ZIP			
TALE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	3.4, CiTY-ST-ZIP			
TITLE		DELETE	4.1 THLE		☐ Change ☐ Addition	
NAME		<u>'</u>	4. 2 NAME			
STREET ADDRESS		ļ	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-S1-ZIP	Comment of the second	and the second second	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME		l	5.2 NAME			
STREET ADDRESS		· ·	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		DELETE	6.1 111LE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		,	6.4 CITY - ST - ZIP		·	
I am an of	by certify that the information supplice in indicated on this annual report or sifeer or director of the corporation or a Block 12 or Block 13 if changed, or	the receiver or trustee empowers	ed to execute this repor	d in Section 119.07(3)(i), Florida Statules. I I my signature shall have the same legal el rt as required by Chapter 607, Florida Stati	turther certify that the fect as if made under oath; th utes; and that my name	