FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



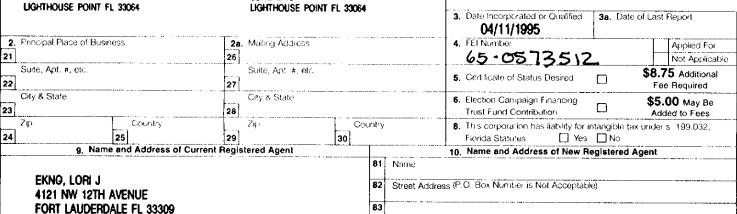
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P95000028630 (8)					
IMAGE FINANCIAL CORPORATION						

Principal Place of Business Mailing Address 3170 NORTH FEDERAL HIGHWAY 3170 NORTH FEDERAL HIGHWAY SUITE 211J SUITE 211J



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.

Crty 84

12.	Sport violaged or protestrane of releases a post and the OFFICERS AND DIR	ECIOBS	iff: Bugstenst Apart signaturi napiris 13.		DATE IS TO OFFICERS AND DIRECTO	NDC 181 10
TITLE	MASSINENT	DELETE	1 1 1845	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	I Addition
NAME	LONI J. EMNO		1.2 NAME		Li triange	
STREET ADDRESS	4121 NW 12th AVE		13 STREET ADDRESS			
CITY-ST ZIP	PRESIDENT LOAI J. EKNO 4121 NOV 12th AVE AT. LAUDERDAKE, FL	33309	1.4 CrTY - S1 - 7ift			
ITLE	LOCE PROTECTO	☐ DELETE	2 1 1 TLE		Change	Addition
AME	WONDY L. GRIFFIN	—	2.2 NAME		☐ · · · •	
STREET ADDRESS	WONDY L. GRIFFIN 4/21 NO 12th AVE PT. LANDERDALF, PE		2.3 STREET ADDRESS			
DITY-ST-ZIP	A. LANDERDALL, PE	33 3 09	2.4.CHY+\$1.7(P			
ifi. i		DELETE	3 1 TITLE	······································	Change	□ Addition
AME			3.2 NAME		Toronto T	
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ITLE		DELETE	4 1 TITLE		Change	Addition
AME			4.2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
SITY-ST-ZIP			4.4 CITY - ST-ZIP			
ITLE		□ D€LETE	5 1 TITLE		1 1816167 601012033	Addition
AME			5.2 NAME			
TREET AUDRESS			5 3 STREET ADDRESS	***200.00	J	
HY-ST-ZIP			54 CITY ST-Z/P			
TLE		☐ DELETE	6 1 TITLE		Change	Addition
AME			6.2 NAME			\mathcal{P} .
freet address			6.3 STREET ADDRESS			7 3.1
ity. St. 7iP			6.44.51 63.316			_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption started in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this arriud 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

SIGNATURE: Windy WENDY CRIPFIN

954.783-7909

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Zırı Code