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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028630 (8)

1. Corporation Name

IMAGE FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

3170 NORTH FEDERAL HIGHWAY
SUITE 205B
LIGHTHOUSE POINT FL 33064

3170 NORTH FEDERAL HIGHWAY
SUITE 205-B
LIGHTHOUSE POINT FL 33064-6700

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3170 N. FEDERAL HWY

26 3170 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 205B

27 SUITE 205B

City & State

City & State

23 LIGHTHOUSE POINT, FL

28 LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

24 33064

25 FLORIDA

29 33064

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKNO, LORI J
4121 NW 12TH AVENUE
FORT LAUDERDALE FL 33309

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

Wendy J. Griffin

(NOTE: Registered Agent signature required when reinstating)

3/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME EKNO, LORI J.
STREET ADDRESS 4121 NW 12TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V
NAME GRIFFIN, WENDY L.
STREET ADDRESS 4121 NW 12TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

LORI J. EKNO, PRESIDENT

3/24/97 (934) 793-7909

DATE

Daytime Phone #

CR2E034 (9/96)