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 # P95000047732 (9)

ADMIRED IMAGE, INC.

Principal Place of Business Mailing Address

4347 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216

SIGNATURE:

4347 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216-4909

FILED Apr 21 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

					07/01/1995) OK	05/01/1996		
2. Principal Place of Business 28. Mailing Address			.,		4. FEI Number	Applied For			
21 26		26			59-3325785		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75			
22 27					b. Certificate of Status Desired		Fee Re	paring	
City & State City & State				6. Election Campaign Fir			\$5.00	May Be	
23 28				Trust Fund Contribution Added to Fees					
Zιμ	Country Zip		Country		8. This corporation has liability t	or intangible	e tax under s	. 199.032,	
24	25	29)	30		Florida Statutes	Yes	□No		
	9. Name and Address of Curri	ent Registered Agent			10. Name and Address of New	Registered	Agent		
	NHBY, MOHAB A		81	Name					
4347 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216				82 Street Address (P.O. Box Number is Not Acceptable)					
				Silest Address (F.O. Box Number is Not Acceptable)					
				63					
			84						
				City	FL 85 Zip Code				
11. Pursuant	to the previsions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above	e-named corp	poration submits this statement for the tion's board of directors. I hereby ac	e purpose o	of changing it	s registered	
agent La	egistered agent of both, in the old im familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes	s.	tions board of directors, Frieleby ac	Sebr rue abt	JUINITIENI, es	registered	
SIGNATURE	Suit to typed or find addished discostered a			ent signature requi	red when reinstaling)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND			
TIBLE	D AVAILBY MOULED A	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	WAHBY, MOHAB A	\ 	1.2 NAME						
STREET ANDRESS	4347 UNIVERSITY BLVD SC	WIH	1.3 STREET	ADDRESS					
JACKSONVILLE FL 32216			1.4 CITY - S	T-ZIP					
LIU)	DELETE	21 TITLE			7,	Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS	}		2 3 STREET	ADORESS					
Offr-St-ZiP			2. 4 CITY-1	ST-78P					
TULE		DELETE	31 TITLE	<u> </u>			Change	Addition	
NAME			3.2 NAME						
STREET ADORESS			3.3 STREET	ADDDCCC					
J				· J					
007×51-702]	DELETE	3.4. CITY - 5 4.1 TITLE	DI+01			Change	Addition	
		L) pricit		}			T Cupulity	C Addition	
NAME:			4. 2 NAME	. <u>.</u>					
STREET ADDRESS			4.3 STREET	1					
G(TY+51-2)E		I Beren	4.4 City~\$	T-ZIP	····		F 1 A:	T-1 4 - 2 - 2	
HILE		☐ DELETE	5.1 TITLE	1			Change	Addition	
NAMI			5.2 NAME						
STREET ADDRESS	ı		5 3 STREET	ADDRESS					
CHY+S1+ZIP			5 4 CITY - S	17-ZIP					
THE		☐ DELETE	6.1 TITLE				Change	Addition	
MAME			6.2 NAME						
STEEL LADORESS			6.3 STREET	ADDRESS					
CITY \$1-74			6.4 CITY - S	1					
	by certify that the information suppl	ed with this filing does not qual	lify for the exe	mption state	d in Section 119.07(3)(i), Florida Stat	utes. I furthe	er certify that	the	
enformatio	on indicated on this annual report of	supplemental annual report is	true and acco	ate and that	d in Section 119.07(3)(i), Florida Stat t my signature shall have the same le rt as required by Chapter 607, Florid	gal effect a	s if made und	der oath; tha	
i am an o appears i	imer or airector of the corporation in Block 12 of Block 13 if changed.	or the receiver a trustee empoy or on an ettachment with a rad	Ideass	THIS TOPO	it as required by Chapter 607, Florid	a Statutes; a	and that my n	iame	