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PROFIT
CORPORATION
ANNUAL REPORT

1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90001 027 ***150.00

DOCUMENT # **P95000047732 (9)**

1. Corporation Name

ADMIRED IMAGE, INC.

Principal Place of Business

**4347 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

Mailing Address

**4347 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
07/01/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

**JACKSONVILLE FL
32245-6152**

4. FEI Number

59-3325785

Applied For
Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**WAHBY, MOHAB A
4347 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

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 agent, 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 understand with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

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

(If the registered agent is a corporation, the signature of the president or other officer authorized to execute this report is required when registration)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
WAHBY, MOHAB A
4347 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Add

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE ☐ Change ☐ Add

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE ☐ Change ☐ Add

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Add

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Add

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Add

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(b), 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 by any 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 904-737-28

Date

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