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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055041 (4)

P.O. BOX 030266	D.O. DOV MANAGE				
FT. LAUDERDALE FL 33303 US	P.O. BOX 030296 Ft. Lauderdale Fl 33303 US				

FILED Mar 03 1998 8:00am Secretary of State

KALEID	OSCOPE IMAGES, INC.					-			
Principal Place	e of Business	Mailing Address							BI 1191 1831
P.O. BOX 030286 FT. LAUDERDALE FL 33303 US		P.O. BOX 030286 FT. LAUDERDALE FL 33303 US				DO NOT WRITE IN THI	S SPACE		
							3. Date Incorporated or Qualified		
							07/17/1995		-11-15
 -	ace of Business	2a. Mailing Address					4. FEI Number 65-0603798	— — · · ·	pplied For ot Applicable
Suite, Apt. :	# eic	Suite, Apt. #, etc.			·····			\$8.75	
22	, , ,	27					5. Certificate of Status Desired	Fee Re	
City & State	9	City & State					6. Election Campalgn Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	
Zip	Country	Zip		untry			B. This corporation owes or has paid the of		
24	25	29	30	1			Personal Property Tax due June 30.		J No
	9. Name and Address of Currer	nt Hegistered Agent		81	Name		10. Name and Address of New Registere	u Agent	
	LS, PAMELA J			[]	Name				
	11 WOODSIDE DRIVE LAUDERDALE FL 33312			82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
Fil	LAUDERDALE PL 33312			83					
	,								
	Λ	•		84	City		F	L 85 Zip (Code
CICNATURE	x Market	400					ration submits this statement for the purpose in's board of directors. I hereby accept the a	of changing it oppointment as	s registered registered
				d Age	int signature	required	when reinstating) DITE	/	1
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	T. F			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	HILLS, PAMELA J	1.2 N		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				Onango	
NAME	2431 WOODSIDE DRIVE						•		
STREET ADDRESS	FT. LAUDERDALE FL 33312		1	1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				2.1 Title				Change	Addition
NAME	- +		2.2 NAME						
STREET ADDRESS		2.3		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4		2. 4 CITY-ST-ZIP					
TITLE	DELETE 3.13		3.1 TITLE				Change	Addition	
NAME			3.2 N		3.2 NAME				
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. (CITY-S	ST-ZIP				12200-
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME				NAME					
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP		DOUGTE	-	(TY - 5	iT-ZIP			Change	Addition
TIFLE		☐ DELET e	5.1 T					□ osanyc	
NAME OTOGOT ADDOLOG			5.2 N		ADDDCCC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	6.1 T	(TY - S	1-ZIP			Change	Addition
			6.2 N						
NAME expect annotes					ADDRESS				
STREET ADDRESS				ITY-S					
CITY-ST-ZIP	certify that the information supplied y	to this filing does not qualify				d in S	ection 119.07(3)(i), Florida Statutes. I further	certify that the	information

indicated on this annual report or supplement 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 corporation or the corporation or the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation of the corporation or the corporation of the corp officer or director of the corporation or the Block 12 or Block 13 if changed, or on a