

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90161 004 \*\*\*150.00

DOCUMENT # P95000068921

1. Corporation Name  
IMAGENET, INC.

Principal Place of Business

2850 N OAKLAND FOREST DR  
203  
FT LAUDERDALE FL 33309  
US

Mailing Address

2850 N OAKLAND FOREST DR  
203  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/07/1995

4. FEI Number

59-3333272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1401 NW 126<sup>th</sup> WAY  
Suite, Apt. #, etc.

2a. Mailing Address

26 1401 NW 126<sup>th</sup> WAY  
Suite, Apt. #, etc.

City & State

23 SUNRISE FL

City & State

28 SUNRISE FL

Zip

24 33323

Country

25 USA

Zip

29 33323

Country

30 USA

9. Name and Address of Current Registered Agent

MUNOZ, ANTONIO J  
116 LAKE EMERALD DR.  
SUITE 207  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

ANTONIO MUNOZ

82 Street Address (P.O. Box Number is Not Acceptable)

1401 NW 126 WAY

83

84 City

SUNRISE

FL

85 Zip Code

33323

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

*Antonio Munoz*

2/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME MUNOZ, ANTONIO J  
STREET ADDRESS 116 LAKE EMERALD DR., #207  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME ANTONIO MUNOZ

13 STREET ADDRESS 1401 NW 126 WAY

14 CITY-ST-ZIP SUNRISE, FL 33323

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

(954) 845 6090

Daytime Phone #

CR2E034 (11/98)