

FILE NOW: FILING FEE AFTER MAY 15 \$550.00

pg 1063

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
B. McManam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 17 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 895000069426

1. Corporation Name

ARTIZAN IMAGE CENTER, INC.

Principal Place of Business

Mailing Address

303 E. ALTAMONTE DR. - SUITE 1425
ALTAMONTE SPRINGS, FL 32701-4405

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

R. LAWRENCE HEINKEL
201 W. CANTON AVE. - SUITE 150
WINTER PARK, FL 32789

10. Name and Address of New Registered Agent

81 Name JEFFREY A. DUNN
82 Street Address (P.O. Box Number is Not Acceptable)
2777 TEMPLE TRAIL
83
84 City WINTER PARK FL 85 Zip Code 32789

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

JEFFREY A. DUNN

2/12/97

(Note: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P/S | <input type="checkbox"/> DELETE |
| NAME | TIM R. SWANSON | |
| STREET ADDRESS | 3960 CHERRY APPLE CIRCLE | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | V/T/D | <input type="checkbox"/> DELETE |
| NAME | JEFFREY A. DUNN | |
| STREET ADDRESS | 2777 TEMPLE TRAIL | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 600002216226--1 |
| 14 CITY-ST-ZIP | -06/18/97--01092--005 |
| | ****165.00 ****165.00 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | 600002216226--1 |
| 23 STREET ADDRESS | -06/18/97--01092--006 |
| 24 CITY-ST-ZIP | ****208.75 ****208.75 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 if changed, or on an attachment with an address.

SIGNATURE:

JEFFREY DUNN DIRECTOR

2-12-97 (407) 831-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)

R. Lawrence Heinkel, P.A.

*Counselor at Law
A Professional Association*

Tax Controversies - State and Federal
Tax Bankruptcies
Business and Tax Law

201 W. Canton Avenue
Suite 250
Winter Park, Florida 32789

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(407) 645-2355 Fax
(888) 829-7658

June 6, 1997

Ms. Leslie Sellers
Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Artizan Image Center, Inc.

Dear Leslie:

Pursuant to our telephone communication back in March of this year, I am providing you with a written explanation of why the Annual Report was not filed for Artizan Image Center, Inc. for the year 1996. The State sent the Annual Report form to an incorrect address and actually had on the computer an incorrect corporate address for this corporation, although the address of the corporation and the Registered Agent were stated correctly in the Articles of Incorporation. Being a new corporation and not having received the Annual Report form and instructions, the officers of the corporation did not have any idea an Annual Report was required for the year 1996. As such, no such report was filed until later when the corporation learned that it had been administratively dissolved for failure to file an Annual Report.

For your information, the State had the corporate address and Registered Agent address of Artizan Image Center, Inc. as 201 W. Canton Avenue, Suite 150, Altamonte Springs, FL 32701. The correct address is 201 W. Canton Avenue, Suite 150, Winter Park, Florida 32789. The State had the wrong city and zip code on file.

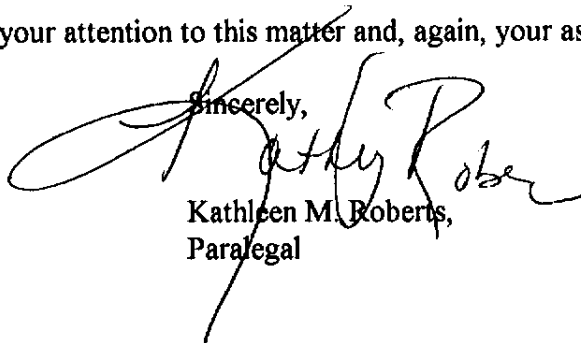
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Ms. Leslie Sellers
Document Specialist
Florida Department of State
June 6, 1997
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We very much appreciate your assistance in this regard. Please call me if you have any questions or concerns. I would also appreciate hearing from you as to whether this letter is sufficient to abate the late filing penalties associated with the dissolution of the corporation.

Thank you for your attention to this matter and, again, your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathy Roberts', is written over the typed name and title.

Kathleen M. Roberts,
Paralegal

:kmr
Enclosures