SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000081218 (6)

IMAGE CONCEPTS PRINTING AND DESIGN, INC.

Principat Pla	ace of Busines	es .		ailing Address								
1971 LYONS RD., APT. 102 1971 LYONS RD., APT COCONUT CREEK FL 33063 COCONUT CREEK FL									***************************************	181 Here v	189) (1881 )pri 1861	
a District One of the								3. Date Incorporated or Qualified 10/23/1995	10/23/1995			
21				2a. Mailing Address 26				4. FEI Number 8774	Applied For Not Applicable			
Suite, Apt 22 City & Sta	·		27	- <del> </del>				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23] Zip	ne	Country	28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
24	İ	Country Zip Cou			intry	,	This corporation has liability for intangible tax under s 199,032,     Florida Statutes					
	9. Name	and Address of Cu		lered Agent	[30]			10. Name and Address of New Re	Yes A	No		
p	PACILLO, MI					61	Name		gistered A	-Aeur		
	1971 LYONS				Ctras	1000						
Ċ	COCONUT	REEK FL 33063					3000	treel Address (P.O. Box Number is Not Acceptable)				
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				83						
						84	City			85 2	Zıp Code	
11. Pursuant office or	t to the provisi	ons of Sections 607.	0502 and 60	7. 1508, Florida Statu	ites, the ab	ove	-namec	d corporation submits this statement for the properties of board of discourse the properties of the pr	FL urpose of cl			
agent. I a	am familiar wit	th, and accept the ob	oligations of,	Section 607.0505, FI	autnorized Iorida Statu	by les.	the corp	i corporation submits this statement for the pi poration's board of directors. I hereby accept	the appoin	ıtment å	is registered	
SIGNATURE	Signature typed	ny profest many of recordance	d agest and lale d		(3							
12.	O'g rate 1 Type:					Age	nt signatur	re required when reinstating)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				DELETE	13.	i F		Presurat	ERS AND I			
NAME				<u></u>	1.2 NA			MICHAEL PACILLE	L	Chang	ge 🗶 Addition	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					1.4 CIT			COCONY CREEK, FL 33067				
TITLE				DELETE	2 1 TIT	_	- Cir	COCONS. CITETA LE 2 2001		Chang	ge 身 Addition	
NAME					2 2 NAJ			12A PRINCE	L	J Grang	∄s 🔽 i vaoraôu	
STREET ADDRESS							ADDRESS		101			
CITY-ST-ZIP					2 4 CIT			SUNRISE FC 33751	• •			
TITLE				DELETE	3 1 717.			30,010		Chang	ge Addition	
NAME					3 2 NAM	νtέ			L.	]	,c	
STREET ADDRESS					33 STR	EET A	ADDRESS					
CITY-ST-ZIP	<u> </u>				3.4 CiT	Y - \$1	T-ZIP					
TITLE				DELETE	4 1 Titu	.E				Chang	e Addition	
NAME					4 2 NA	ME			-	•	_	
STREET ADORESS					4.3 STR	EE1 A	ADDRESS					
CITY-ST-ZIP	<b>-</b>				4.4 City	r · S1	- <b>Z</b> IP					
TIPLE				DELETE	5 1 TITL	E				Chang	je Addition	
NAME					5 2 NAM	łE						
STREET ADDRESS					5.3 STR	EET A	ADDRESS	ļ				
CITY-ST-ZIP	<del> </del>				5 4 CITY		- ZIP					
TITLE				DEFELE	6 1 TITL					Change	e Add tion	
NAME ETREET ADDRESS	ı				6 2 NAM	1E						
STREET ADDRESS					6.3 STRE	EETA	DORESS					
City-St-ZiP	w certify that (	the information area	ما ما ما ما الما الما	Aller in The Control	6 4 CITY	·ST	·ZIP					
made und	der oath: that I	am an officer or dire	ector of the co	al report or suppleme orporation or the recedul, or on an attachmen	oiver or best	110	borrie i	I qualify for the exemption stated in Section 11 rue and accurate and that my signature shall wered to execute this report as required by Cl	.9.07(3)(k), have the sa hapter 617,	Florida ame leg Florida	Statutes I pall effect as if Statutes and	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CALL TO THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR