SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081851 (4)

IMADJ INCORPORATED

APPROVED AND FILED

97 JUL 31 PM 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address							1 44141 (914)	/1006 10101 0110	11 1101 100		
5611 65TH TER PINELLAS PARI	· · ·	S611 65TH TER. N.									
FINELUNO FAN	N FE 34003	PINELLAS PARK FL 34865				DO NOT WRITE IN THIS SPACE				_	
						3. Date Incorporated or Qualified	3a. Da	le of Last R	eport		
					10/25/1995 4. FEI Number	07/0	09/1996				
2. Principal Place of Business 21 460 US Hwy 19 North 26 14100 US			U.S	(a	1.1			_ 	oplied For	4	
21 14 100		Suite, Apt. #, etc.			17.	59-3350805			t Applicable	4	
		27 136			5. Certificate of Status Desired		\$8.75 A	quired			
23 Clearwater FL		28 Clearwate	20	FL		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
_ Zip 2 Z	D / 11 Country	- 22 DI II	5 COVI	ntry		8. This corporation owes or has pa	-				
24 35	29 55 167 30	104 30 HIRUC			Personal Property Tax due June 30, Yes No						
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
BAC		81 Name	, 								
) 1ST AVE. N.			82 Street	Address (P.O. Box Number is Not Acceptable)				7		
ST.	PETERSBURG FL 33713		-	83						4	
			L								
				84 City			FL	85 Zip (Code		
11. Pursuant	to the provisions of Sections 607.050?	and 607.1508, Florida Statutes,	the ab	ove-namec	corpo	ration submits this statement for the p	urpose of	changing it	s registered	7	
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											
12.	Signature, typed or printed name of registered agent of		gistered	Agent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FDC AND	DIRECTOR	S IN 12	4	
TITLE	OFFICERS AND DIRECTORS DPST DELETE		1.1 TITLE		Ţ	ADDITIONS/CHANGES TO OFFIC		Change	Addition	CR2E034 (4/97)	
NAME	SMITH, ROB	·			1		'			12	
STREET ADDRESS	5611 65TH TER. N.			REET ADDRESS	L					8	
CITY-ST-ZIP	PINELLAS PARK FL 34665			Y-\$1-ZIP	Pin	ellas Park, FL 33°	78/			l¤	
TITLE	THE CTOO	DELETE	2.1 111		1-11-1		701	Change	Addition	ქხ	
NAME	2.2		2.2 NAME		1	3000022					
STREET ADDRESS			2.3 STREET ADDRES			-08/05/		1080(324		
CITY-ST-ZIP			2.4 CI	TY - \$T - Z IP		****16!	5.00	****16	35.00		
TITLE		☐ DELETE	3.1 111	t £	1			Change	☐ Addition	1	
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 STF	ree1 address							
CITY-ST-ZIP			3.4. CI	TY-S1-ZIP							
TITLE		∐ DELETE	4.1 TH	ι€				L Change	Addition		
NAME			4. 2 NA	AME							
STREET ADDRESS			4.3 ST	REET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
TITLE		☐ DELETE	5.1 TH					L Change	Addition		
NAME			5.2 NA								
STREET ADDRESS				reet address							
CITY-ST-ZIP		T priese		Y-ST-ZIP		n a 4	·	1 00	A 4 200	4	
TITLE		DELETE	6.1 TH			t of .		L Change	Addition		
NAME			6.2 NA		lħ,	•					
STREET ADDRESS				reet address	1						
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	<u> </u>					┙	

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 it made 60, or on a state themselves.