
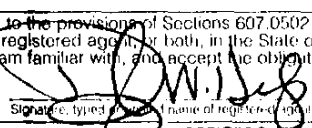



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|--|--|
| DOCUMENT # 1. Corporation Name P96000012260 IMAGE DATA CORPORATION | | | |
| 2. Principal Place of Business 31 Barkley Circle, Suite 1 Ft. Myers, FL 33907 | | 3. Date Incorporated or Qualified 1/31/96 | |
| 2a. Mailing Address < SAME | | 4. FEI Number 65-0641028 | |
| 2b. Suite, Apt. #, etc. Suite #101 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2c. City & State Ft. Myers, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2d. Zip 33912 | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2e. Country USA | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent DOUG HESLER 12451 Metro Parkway #101 Ft. Myers, FL 33912 | | 10. Name and Address of New Registered Agent | |
| 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 of 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. | | 12. OFFICERS AND DIRECTORS | |
| SIGNATURE  Signature, typed name, title of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE 4/21/98 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE CEO/PRESIDENT | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME DOUG HESLER | | 1.2 NAME | |
| 1.3 STREET ADDRESS 12451 Metro Parkway #101 | | 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP Ft. Myers, FL 33912 | | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | 3.2 NAME | |
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| 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | | 6.4 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. | | 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. | |
| SIGNATURE:  Signature, typed name, title of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE 4/21/98 941-768-6500 | |

CR2E034 (10/97)