PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 044 ***150.00

11	UMENT # P96000 On Name IE IMAGE, INC.	014346			XIAN ANIAN NY BANKA ANI NA
Principal Plac	ce of Business	Mailing Address			(1 27) 81888 (17 <u>1</u>) 8 48 12 8 17, 1 88)
4063 8TH AVENUE SOUTH 4063 8TH AVEN		Mailing Address 4063 8TH AVENUE SOUTH ST PETERSBURG FL 33711 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 02/12/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3357706	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	angible
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	Agent
OWENS, ROBIN L 4063 8TH AVENUE SOUTH ST PETERSBURG FL 33711			81 Name 82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
•			84 City		85 Zip Code
agent. I a	to the provisions of Sections 607,050, registered agent, or both, in the State of amiliar with, and accept the obligations.			poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	changing its registered atment as registered
					•
	Signature, typed or printed name of registered agen		Registered Agent signature require		
12.	OFFICERS ANI	D DIRECTORS	13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
12.	OFFICERS AN				D DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND DPT OWENS, ROBIN L	D DIRECTORS	13.		
12. TITLE NAME STREET ADDRESS	OFFICERS AND DPT OWENS, ROBIN L 4063 8TH AVENUE SOUTH	D DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPT OWENS, ROBIN L 4063 8TH AVENUE SOUTH ST PETERSBURG FL 33711	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		
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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: