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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000021920 (9)**

1. Corporation Name
IMG FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
217 N WESTMONTE DR SUITE 3031 ALTAMONTE SPRINGS FL 32714	P.O. BOX 160267 ALTAMONTE SPRINGS FL 32716-0267

3. Date Incorporated or Qualified: 03/07/1996
3a. Date of Last Report:

2. Principal Place of Business (21): 217 N. WESTMONTE DR.
Suite, Apt. #, etc. (22): 3031
City & State (23): ALTAMONTE SPRINGS FL.
Zip (24): 32714 Country (25): Seminole

2a. Mailing Address (26): P.O. BOX 160267
Suite, Apt. #, etc. (27):
City & State (28): ALTAMONTE SPRINGS FL.
Zip (29): 32716 Country (30): Seminole

4. FEI Number: 59-3365230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MODARRES, MARK
~~940 DOUGLAS AVE #440~~ 525-105
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: MARK M. MODARRES
82 Street Address (P.O. Box Number is Not Acceptable): 525 -105 VIA VERONA ~~#1005~~ LANE
83:
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PRESIDENT MARK M. MODARRES 525-105 VIA VERONA LANE ALTAMONTE SPRINGS FL. 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☒ Addition VICE PRESIDENT MAUREEN MODARRES 1431 HENDRE DRIVE. DELAND FL. 32724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition RW 5-27-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002143027 -04/15/97--01003--025 ***330.00

CR2E034 (9/96)

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.

X222

SIGNATURE: _____ 4-4-97 (407) 869-4344