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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
217 N WESTMONTE DR SUITE 3031
ALTAMONTE SPRINGS FL 32714

Mailing Address
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
~~040 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 VIA VERONA LANE -105
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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
1.2 NAME	MARK M. MODARRES
1.3 STREET ADDRESS	525-105 VIA VERONA LANE
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL. 32714
2.1 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
2.2 NAME	MAUREEN MODARRES
2.3 STREET ADDRESS	1431 HENDRE DRIVE.
2.4 CITY-ST-ZIP	DELAND FL. 32724
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***330.00

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.

SIGNATURE: [illegible] 4-4-97 (407) 869-4344 X222

CR2E034 (9/96)