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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026503 (8)

1. Corporation Name
IMAGE DESIGN USA, INC.

Principal Place of Business
POST OFFICE BOX 823643
SOUTH FLORIDA FL 33082-3643

Mailing Address
POST OFFICE BOX 823643
SOUTH FLORIDA FL 33082-3643



2. Principal Place of Business

21 4700 OAKES ROAD

Suite, Apt. #, etc.

22 BAY E

City & State

23 DAVIE, FL.

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 4700 OAKES ROAD

Suite, Apt. #, etc.

27 BAY E

City & State

28 DAVIE, FL

Zip

29 33314

Country

30

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

4. FEI Number

65-0655788

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 X DAVE VANDEWOUW

Signature of registered agent or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-08-97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME STEVENS, RONALD A. M.

STREET ADDRESS POST OFFICE BOX 823643

CITY - ST - ZIP SOUTH FLORIDA FL 33082-3643

TITLE DVST ☐ DELETE

NAME VANDEWOUW, DAVE

STREET ADDRESS POST OFFICE BOX 823643

CITY - ST - ZIP SOUTH FLORIDA FL 33082-3643

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

04-08/97

CR2E034 (9/96)