

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. McMan
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 16 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000029736 (1)

1. Corporation Name
J & J IMAGES, INCORPORATED

Principal Place of Business
POST OFFICE BOX 585
WINDERMERE FL 34786-0585

Mailing Address
POST OFFICE BOX 585
WINDERMERE FL 34786-0585

3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report
4. FEI Number 59-3370677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MOCK, JASON H
5032 BUTLER RIDGE DRIVE
WINDERMERE FL 34786

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	MOCK, JASON H	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000002325020-2
5032 BUTLER RIDGE DRIVE			-10/20/97--01176--008
WINDERMERE FL 34786			****550.00 ****550.00
VD	ZINN, GERALD A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
24828 VANBUREN STREET			
ASTATULA FL 34705			
ST	MOCK, GENNETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
C/O POST OFFICE BOX 585			5032 BUTLER RIDGE DR.
WINDERMERE FL 34786-0585			WINDERMERE, FL 34786
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

[Signature]

9/14/97

CR2E034 (9/96)