

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90021 026 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000040650**

1. Corporation Name

PURE IMAGINATION, INC.



Principal Place of Business

**9128 POINT CYPRESS DRIVE
ORLANDO FL 32836**

Mailing Address

**9128 POINT CYPRESS DRIVE
ORLANDO FL 32836**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

59-3389810

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. BOX 691629

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 691629

Suite, Apt. #, etc.

**23 City & State
ORLANDO, FL**

Zip Country

24 32869-1629 25

**27 City & State
ORLANDO, FL**

Zip Country

28 32869-1629 29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KRASS, MARGARET**
STREET ADDRESS **9128 POINT CYPRESS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☐ DELETE
NAME **KRASS, JAMES JR.**
STREET ADDRESS **9128 POINT CYPRESS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32836**

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 **MARGARET KRASS**
1.3 STREET ADDRESS **P.O. BOX 691629**
1.4 CITY-ST-ZIP **ORLANDO, FL 32869-1629**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **JAMES KRASS JR.**
2.3 STREET ADDRESS **P.O. BOX 691629**
2.4 CITY-ST-ZIP **ORLANDO, FL 32869-1629**

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 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:

Margaret M. Krass

7/23/99

407-847-4865

CR2E034 (5/99)