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FILED

Apr 23 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 # P96000041561 (7)

1. Corporation Name
PRO IMAGEMAKERS INT'L INC



Principal Place of Business

~~2021 DAVIS BLVD~~
~~FT LAUDERDALE FL 33312~~

Mailing Address

~~2021 DAVIS BLVD~~
~~FT LAUDERDALE FL 33312-2834~~

2. Principal Place of Business

21 8225 MIDNIGHT PASS

Suite, Apt. #, etc.

22 8

City & State

23 SARASOTA FL

Zip

24 M 34242

Country
25 USA

26. Mailing Address

26 8225 MIDNIGHT PASS

Suite, Apt. #, etc.

27 8

City & State

28 SARASOTA FL

Zip

29 34242

Country
30 USA

3. Date incorporated or Qualified

05/03/1996

3a. Date of Last Report

4. FEI Number

65-0666120

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

~~WILLIAMS, J~~
~~2021 DAVIS BLVD~~
~~FT LAUDERDALE FL 33312~~

10. Name and Address of New Registered Agent

81 Name

BRIAN AHERN

82

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

8225 MIDNIGHT PASS

83

84

City

SARASOTA

FL

85 Zip Code

34242

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

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

(NOTE: Registered Agent signature required when reinstating)

X 4/17/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change ☒ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ 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

Brian Ahern

X 4/17/97

CR2E034 (9/96)