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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 # P96000045099 (4)

1. Corporation Name

IMAGINE THAT, SIMPLE TO ELEGANT, INC.



Principal Place of Business

Mailing Address

20411 NORTH WEST 4TH STREET  
PEMBROKE PINES FL 33029

20411 NORTH WEST 4TH STREET  
PEMBROKE PINES FL 33029-3410

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2021 S.W 70th Ave

26 20411 NW 4th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-14

27 Pembroke Pines

City & State

City & State

23 DAVIC FL

28 33029

Zip

Country

Zip

Country

24 33317

25 USA

29 33029

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, CAREN  
20411 NORTH WEST 4TH STREET  
PEMBROKE PINES FL 33029

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME BOYD, CAREN  
STREET ADDRESS 20411 NORTH WEST 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME BOYD, PATRICK J  
STREET ADDRESS 20411 NORTH WEST 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Director  
3.2 NAME William Gorman  
3.3 STREET ADDRESS 4955 NW 19th St Lot 381  
3.4 CITY-ST-ZIP Opa Locka 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE Director  
4.2 NAME Elizabeth Gorman  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Director  
5.2 NAME Dustin Cote  
5.3 STREET ADDRESS 20411 NW 4th St  
5.4 CITY-ST-ZIP Pembroke Pines FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 (954) 434-8850

CR2E034 (9/96)