

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

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070293 (1)**

1. Corporation Name
FLORIDA IMAGE TECHNOLOGIES, INC.



Principal Place of Business P.O. BOX 745 AUBURNDALE FL 33823	Mailing Address P.O. BOX 745 AUBURNDALE FL 33823-0745
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3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 1102 SPIRIT LAKE RD. Suite, Apt. #, etc. 22 SUITE # 4 City & State 23 WINTER HAVEN, FL Zip 24 33880 Country 25 USA	2a. Mailing Address 26 1102 SPIRIT LAKE RD. Suite, Apt. #, etc. 27 SUITE # 4 City & State 28 WINTER HAVEN, FL Zip 29 33880 Country 30 USA	4. FEI Number 65-0732376 Applied For <input type="checkbox"/> No, 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. 199.02, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**RAFOOL, BRANDON J
1519 THIRD STREET
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GORDON, KATRINA
STREET ADDRESS	213 AVE. O, S.W.
CITY - ST - ZIP	WINTER HAVEN FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SMITH, BRENDA
STREET ADDRESS	213 AVE. O, S.W.
CITY - ST - ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GORDON, KATRINA
1.3 STREET ADDRESS	1102 SPIRIT LAKE RD SUITE 4
1.4 CITY - ST - ZIP	WINTER HAVEN, FL 33880
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Katrina Gordon* **DEQUITRINA GORDON** 3/24/97 217-2294 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)