


FILED

Mar 27 1997 8:00am
Secretary of State

<div style="display: inline-block; width: 45%; text-align: center;">PROFIT CORPORATION ANNUAL REPORT 1997</div> <div style="display: inline-block; width: 10%; text-align: center;"></div> <div style="display: inline-block; width: 45%; text-align: center;">FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</div>			
DOCUMENT # P96000093739 (6)			
1. Corporation Name IMAGINATION AVENUE WEST, INC.			
Principal Place of Business 604 COLONIAL BAY DRIVE NOKOMIS FL 34275		Mailing Address 604 COLONIAL BAY DRIVE NOKOMIS FL 34275-2770	
2. Principal Place of Business 21 6004 Colonial Bay Dr Suite, Apt #, etc. 22 Nokomis FL City & State 23 34275 Zip 24 Country 25		2a. Mailing Address 26 PO Box 448 Suite, Apt #, etc. 27 Nokomis FL City & State 28 34274 Zip 29 Country 30	
9. Name and Address of Current Registered Agent			
SHELGER, CHRISTIANE F 604 COLONIAL BAY DRIVE NOKOMIS FL 34275			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	SHELGER, CHRISTIANE F		1.2 NAME
STREET ADDRESS	604 COLONIAL BAY DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Chris Shelger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)