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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT	#	P96000093739	(6)	Ì

IMAGINATION AVENUE WEST, INC.

## FILED Mar 27 1997 8:00am Secretary of State

Principal Place of Business 604 COLONIAL BAY DRIVE NOKOMIS FL 34275	Mailing Address 604 COLONIAL BAY DRIVE NOKOMIS FL 34275-2770	:		
			3. Date incorporated or Qualified 11/12/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address 26 Po Box 444		4. FEI Number	Applied For
21 GOY Colonial Boy Dr. Suite, Apt # etc	26 70 00 448 Suite, Apt. #, etc.		(DD -0.14 60 )	Not Applicable  \$8.75 Additional
22 Nokomis FI	27 Notomis F	<u> </u>	Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 3 4275 Country	28 34274 70	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
9. Name and Address of Curi		1901	10. Name and Address of New Rec	
SHELGER, CHRISTIANE F		B1 Name		
604 COLONIAL BAY DRIVE		82 Street Ad	idress (P.O. Box Number is Not Acceptable	e)
NOKOMIS FL 34275		<u> </u>		
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607 1508 Florida Statut	ter, the above named or	protetion submits this statement for the n	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob SIGNATURE Standard, typed or product name of registered		Orida Statutes.  E Registered Agent signature re		DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE D	L DELETE	1.1 TITLE		Change Addition
NAME SHELGER, CHRISTIANE F STREET ADDRESS 604 COLONIAL BAY DRIVE		1.2 NAME		
HOUGHIO PLATOTE		1.3 STREET ADDRESS		
TILE NORUMIS FL 34275	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAVE	. Orecit	2.2 NAME		C Change C Frankers
SIREF LADDRESS		2.3 STREET ADDRESS		
C(D) - ST- ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Anna	Change Addition
NAME		3.2 NAME		
STREET ADDIRESS		3 3 STREET ADDRESS		
CHY-St 20°		3 4. CITY - ST - ZIP		
THILE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ACHIRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP	T bring	4.4 CITY - ST - ZIP		[ ] Ohn [ ] A 4222
THE	DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
SIPETT ALAIHESS		5.3 STREET ADDRESS		
CBY-S1 ZIF	DELETE	5.4 C/TY - ST - Z/P		Change Addition
T-ILF	☐ britit	6.1 TITLE		ET OURTING ET MOUITOU
NAMI TRIAL ASIDINA S		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
4 I do bereby certify that the information supe	lind with this films done not avail	6.4 City-ST-ZIP	ted in Section 110 07/3/(i) Florido Statutos	I further portify that the

1. 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.

**INATURE:** 

SALLY SHEET OF BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

.....

Daytime Prone #