

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

DOCUMENT # P96000094788
1. Corporation Name:

IMAGINATION WORKSHOP, INC.

FILED

97 JUL -3 PM 12: 55

SECRETARY OF STATE

Principal Place of Business

Mailing Address

2808 NE 33 Court #206
Ft. Lauderdale, FL
33306

Same

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/15/96

4. Fee Number

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

10. Name and Address of New Registered Agent

NEWMAN, ROBERT

2808 NE 33 Court, #206
Ft. Lauderdale, FL

33306

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 fully qualified and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY- ST- ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY- ST- ZIP

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****165.00 ****165.00

14. I do hereby certify that the information furnished 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:

ROBERT NEWMAN

4/29/97

(954) 486-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0243.176

CR2E034 (9/96)